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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # G84307

1. Corporation Name

(9)

| VIIK | CHAN | CORPORATION |
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| 1111 | STIMIN | CORPORATION |

Mailing Address Principal Place of Business 657 W ORANGE BLOSSOM TRAIL 657 W ORANGE BLOSSOM TRAIL APOPKA FL 32712-3458 APOPKA FL 32712-3458 3a. Date of Last Report 3. Date Incorporated or Qualified 05/31/1995 02/09/1984 Applied For 4, FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2376544 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State \Box Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Ζıp M2 Yes □ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) FOWLER, BRUCE W., ESQ. 82 511 N. MAITLAND AVE 83 MAITLAND FL 32751 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) **SIGNATURE** Signature, typed or printed name of registered agent and title it applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition Change DELETE 1 1 TITLE TITLE 1.2 NAME HO, KANG HI NAME 1.3 STREET ADDRESS 657 W ORANGE BLOSSOM TR STREET ADDRESS 1.4 CITY - ST - ZIP APOPKA FL Addition CITY - ST - ZIP Change DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST - ZIP CITY - S1 - ZIP Change Addition DELETE 3. 1 TITLE TiTLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Addition CITY-ST-ZIP Change DELETE 4.1 TITLE TITLE 42 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-S1-ZIP Change Addition CITY-SI-ZIP DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP ■ Addition Change CITY-ST-ZIP DELETE 6. 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6 4 CITY - ST- ZIP

CIGNATURE

NATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H/10/1996 Destrue Ptor

CR2E034 (12/95)