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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

COF	PROFIT RPORATION JAL REPORT 1999		<b>ne Harris</b> rŷ of State		
DOCU	MENT # 1128U8	.,,,,			99 JUN 23 AN II: 18
		<del> </del>			STATE
HONG KONG INVESTMENTS. N.C.					SAGNALIAT UP STATE TALLANASSUE, FLORIDA
Principal Plac	o of Rusinans	Mailing Address			
j '	7 4.5.98 N	Walling Address			
				DO NOT WRITE IN THIS SPACE	
LAKELAND. FC.33809					3. Date Incorporated or Qualifed
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59~2679734 Not Applicable \$8.75 Additional
22 27				Certificate of Status Desired     Fee Required	
City & Stat	de	City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution State Added to Fees
Zıp	Country	Zip	Countr	y	8. This corporation owes the current year Intangible
24	9. Name and Address of Current	<del></del>	30		Personal Property Tax.
			81	Name	
	N) JAMES		82	Street A	Address (P.O. Box Number is Not Acceptable)
901	7 4.5.92 N		83	<u> </u>	2000029184528
			83	1	-n6/29/9901034 <b></b> 012_
LAK	ELAND FL.3380	. 9	84	City	****FNO.QQ
	egistered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or printed name of registered agent.  OFFICERS AND	ons of, Section 607.0505, Flor and title if applicable (NOTE	rida Statute	<b>s</b> . '	oration's board of directors. I hereby accept the appointment as registered    Quired when reinstating)   DATE
TITLE	JP	☐ DELETE	1.1 TITLE		Change Addition
NAME	1 - 1		1.2 NAME		
STREET ADDRESS	GOOD U.S. GON LAKELUND FLY	50.0		TADORESS	
CITY-ST-ZIP	LAKELOND FLI	DELETE	1.4 CITY-S 2 1 TITLE	ST-ZIP	Change Addition
NAME	Y40VU BETTY		2.2 NAME	l	
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CITY-ST-ZIP	LAKELDND FL. 3. 01AN, TAMES CO 9-17. U.S. 90 N LAKELDND - FL.	3209	2 4 CITY-	ST-ZIP	
TITLE リング	OHAN, TANZS CI	4,4 DELETE	3.1 TITLE 3.2 NAME	1	☐ Change ☐ Addition
STREET ADDRESS	9-17. 4.S. 98 A	<i>)</i>		TADORESS	
CITY-ST-ZIP	LAKELLAND - FC.	37809	34. CITY-		
TITLE		DELETE	4.1 TITLE		Change Addition
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STREET ADDRESS				T ADDRESS	
CTTY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	i - ZIP	☐ Change ☐ Addition
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STREET ADDRESS			6.3 STREE	T ADDRESS	. 0
Offy-ST-ZIP			64 CITY-S		L9
indicated officer or	on this annual report or supplemental a	annual report is true and accu- er or trustee empowered to ex	rate and tha xecute this (	it my signa report as re	in Section 119.07(3)(i), Florida Statutes. I further certify that the information sture shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in