

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:05

DOCUMENT # **H67249**

(3)

1. Corporation Name
FA-DA, INC.

Principal Place of Business

**246 PALM COAST PKY.
PALM COAST FL 32137**

Mailing Address

**246 PALM COAST PARKWAY
PALM COAST FL 32137
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1985

3a. Date of Last Report

03/18/1994

4. FEI Number

59-2612338

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.036,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **246 Palm Coast PKY**

2a. Mailing Address

26 **246 Palm Coast PKY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Palm Coast, FL**

City & State

28 **Palm Coast, FL**

Zip

24 **32137**

Country

25 **Flagler**

Zip

29 **32137**

Country

30 **Flagler**

9. Name and Address of Current Registered Agent

**TANG, TOM SHIAN-YIH
246 PALM COAST PARKWAY
PALM COAST FL 32037**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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.

SIGNATURE

Signature of the person named as registered agent and the corporation

NOTE: Registered Agent signature required when filing change

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	TANG, PATRICIA YAN-CHI
STREET ADDRESS	41 LUDLOW LANE
CITY, ST, ZIP	PALM COAST FL
TITLE	V
NAME	TANG, TOM SHIAN-YIH
STREET ADDRESS	41 LUDLOW LANE
CITY, ST, ZIP	PALM COAST FL
TITLE	D
NAME	TANG, TOM SHIAN YIH
STREET ADDRESS	41 LUDLOW LANE
CITY, ST, ZIP	PALM COAST FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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)(b), 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 oath. 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.

SIGNATURE:

TOM TANG V.P.

4-10-95

904-445-7773

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number