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FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J01643 (2)

1. Corporation Name
TCY LIMITED, INC.

Principal Place of Business
17201 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33160-4803

Mailing Address
17201 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33160-4803



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/28/1986

3a. Date of Last Report

07/01/1996

4. FEI Number

13-2973060

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. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KARCHER, DAVID P. ESQ.
2900 MIDDLE ST SW 28 TERR
44 WEST FLAGLER ST. PENTHOUSE.
MIAMI FL 33133

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 type: The printed name of registered agent is optional (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	MAO, Y.S.	
STREET ADDRESS	17201 BISCAYNE BLVD	
CITY - ST - ZIP	NORTH MIAMI BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LI, SUELING	
STREET ADDRESS	17201 BISCAYNE BLVD	
CITY - ST - ZIP	NORTH MIAMI BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YEH, HARRY	
STREET ADDRESS	17201 BISCAYNE BLVD.	
CITY - ST - ZIP	N. MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FU, TZE-CHIAN	
STREET ADDRESS	17201 BISCAYNE BLVD.	
CITY - ST - ZIP	N. MIAMI BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	FU, TZE-chian
4.4 CITY - ST - ZIP	17201 Biscayne Blvd N. M. B. FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Tze-chian Fu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FU, TZE-chian

Date

1-6-97 (36) 945-0803

Daytime Phone #

0218225

CR2E034 (9/96)