05-14-1999 90003 046 \*\*\*450.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J04411

YANG ENTERPRISES, INC.							
Principal Place of Business Mailing Address					- I INDIII ONI UNII DIEN UNUN INUL INUL INUL	41811 BIBIL BIBIL BIBIL BEDIK 1881	
95 MITCHELL HAMMOCK ROAD 1490 SOUTH OAKS DRIVE STE. 201 MERRITT ISLAND FL 32952					DO NOT WRITE IN THIS	SPACE	
OVIEDO FL 32765 US					3. Date Incorporated or Qualifed		
00					03/17/1986		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26					59-2825380	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
27					J. Certificate of Classos Scotton	Fee Required	
City & State	9 -	City & State		6. Election Campaign Financing	\$5.00 May Be		
23	28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	1	8. This corporation owes the current year in	tangible ☐ Yes ☐ No	
24	25 29 30				Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
YANG, TYNG-LIN			<u> </u>				
1490 SOUTH OAKS DRIVE			82	Street Addre	et Address (P.O. Box Number is Not Acceptable)		
MERRITT ISLAND FL 32952			83				
						1-17-04-	
			84	City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab				e-named corpo	oration submits this statement for the numose of	f changing its registered	
l office or r	egistered agent, or both, in the State of m lantiliar with, and accept the obligati	of Florida. Such change was autho	orizea dv	the corporatio	on's board of directors, I hereby accept the appo	illulielli as legistered	
l <b>l</b>	III fantiliar with, and accept the congan			Lin >	ANG 4/3.1	29	
SIGNATURE	Signature, typed or printed name of registered agent		gistered Age	nt signature required	d when reinstating) DATE		
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	<b>_</b>		1.1 TITLE			☐ Change ☐ Addition	
NAME	1, 110, 11, 110, 11		1.2 NAME				
STREET ADDRESS 1490 SOUTH OAKS DRIVE			1.3 STREE	TADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32952		1.4 CITY-S	ST-ZIP		Chance	
TITLE	•		2.1 TITLE			☐ Change ☐ Addition	
NAME	77410, 11110 2111		2.2 NAME				
STREET ADDRESS	7,00 000111 07410 011112			TADDRESS			
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP		☐ Change ☐ Addition	
TITLE	<u> </u>		3.1 TITLE				
NAME			3.2 NAME	T 4000500			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5 4.1 TITLE	\$1-ZIP		☐ Change ☐ Addition	
TITLE			4. 2 NAME				
NAME				T ADDRESS			
STREET ADDRESS			4.4 CITY-S				
CITY-ST-ZIP			51 TITLE	v. 4.II		☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS	i		5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				

CITY-ST-ZIP 14. I 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 chapter 607, or on an attachment withy an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS