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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J07385 SUM INC.

(4)

Mailing Address

FILED Apr 14 1997 8:00am Secretary of State



\$517 HAYES ST HOLLYWOOD FL 33021-4632				5517 HAYES ST HOLLYWOOD FL 33021-4832							
								3. Date Incorporated or Qualific 04/02/1986			
2. Principal P	lace of Busine	2a. Mailing A	2a, Mailing Address				4. FEI Number			Applied For	
21		26	26				59-2658143			Not Applicable	
Suite, Apt.		Suite, Ap					5. Conflicate of Status Desired \$8.75 Additional Fee Required				
City & State			City & Sta	City & State				6. Election Campaign Financing \$5.00 May Be			
23)			28			Trust Fund Contribution Added to Fees				
Zip	Country		F 1	Zip Country				8. This corporation has fiability for intangible tax under s. 199.032,			
24	2		29	30				Florida Statutes X Yes No			
10110			rrent Registered Age	nt 	8	il Ni		10. Name and Address of New	Registered	Agent	
	ONG, HON S	UM			6	1 Nam	е				
	7 HAYES ST		82 Street Addr			Addres	ress (P.O. Box Number is Not Acceptable)				
HUL	LYWOOD FL			<u> </u>							
					83	3					ļ
Ŷ.					84	1 City			FL	85 71	ıp 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 607.0506, Florida Statutes.											
SIGNATURE Signature, typed or printed name of registered agent and toe if applicable (NON: Registered Agent signature required when reliablishing) [JA]E											
12. OFFICERS AND DIRECTORS						Jenn algrica		ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12
TITLE	PD			DELFTE	13.		T		1,02,10,111	Change	
NAME	KWONG, H	ION SUM			1.2 NAME						
STREET ADDRESS	5517 HAYE	S ST				1 ADORESS					ì
CITY-ST-ZIP	HOLLYWO	OD FL 33021				'-S1-ZIP					
TITLE	TSD					21111116				Change	e Addition
NAME	KWONG, C	HOIC.					1				İ
STREET ADDRESS	mean transfe on			2.3		2.3 STREET ADDRESS					
CITY-ST-ZIP						2. 4 CITY - ST - 7IP					Ì
TITLE						3.1 THE				Change	e Addition
NAME	RESS					3.2 NAME 3.3 STREET ADDRESS					ĺ
STREET ADDRESS											}
CITY-ST-ZIP					3.4. CITY-	SI-Zif					
TITLE			Ι	DELETE	4.1 1ITLE					Change	e Addition
NAME					4. 2 NAM8						
STREET ADDRESS					4.3 S1R{ £	T ADDRESS	:				1
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TITLE			<u> </u>	DELETE	5.1 TITLE		7			Change	e Addition
NAME					5.2 NAME						Ì
STREET ADDRESS					5.3 \$1R[(T AUDRESS					
CITY-ST-ZIP					5.4 CITY -	S1 - Zif					
TITLE				DELFIE	6.1 TITLE					Change	∈
NAME					G.2 NAME						İ
STREET ADDRESS					6.3 STREE	1 ADDRESS	.				
CITY-ST-ZIP					64 CHY-	\$1-712					
14. I do hereb	by certify that the	he information supply this appropri	plied with this filing do	es not qualit	fy for the ex-	emption	stated in	n Section 119.07(3)(i), Florida Stat	utes. I furthe	r certify the	at the
am an of	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 eath; that 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										

Management / 10 / 1 day 0/0 Horally Vision (1/1/07 (99) 0/0 95)