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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J09524

MOY YUNG, INC.

(6)

FILED Apr 04 1997 8:00am Secretary of State



						{		# # 1 11 	HAH HU	
Principal Plac		Mailing Address								
960 CYPRESS (WINTER HAVEN	GARDENS BLVD. I FL 33880	960 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33880-4636								
						3. Date Incorporated or Qualified 04/14/1986		e of Last F 2/1996	leport	
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number			pplied For	
21		26			59-2669926 Not Applicable					
Suite, Apt.	#, etc	Suite: Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
22 City & Stat	P.	City & State				6 Florier Computer Floring				
[23]		28			Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Z(p	Country	Zip	Cou	untry		8. This corporation has liability for in				
24	25	29	30	-			Yes _		100.002,	
=-1	9. Name and Address of Current			Τ	······································	10. Name and Address of New Reg				
YUN	G, JIMMY			81	Name					
OPO CYDDESS CADDENS BLVD					82 Street Address (P.O. Box Number is Not Acceptable)					
	TER HAVEN FL 33880					ress (P.O. Box Number is Not Acceptable)				
7444				83						
				84	City		FL	85 Zip	Code	
SIGNATURE	Styrabure typed or printed name of registered age: OFFICERS AND		TE Registere	d Agent	signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTO	DS IN 12	
12.	PD OFFICERS AND	DELETE	1.1 Ti		·····	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	YUNG, JIMMY	hand Directly	12 N				,	L. C. Kingo	7 134 (1)11	
STREET ADDRESS	960 CYPRESS GARDENS BLVD			TREET AL	NDBECC .					
CITY - ST- ZIP	WINTER HAVEN FL			ITY-ST-	ſ					
TITLE	D	DELETE	2.170		411		[Change	Addition	
NAME	MOY, WILLIAM		2,2 N	AME	ĺ			_ •		
STREET ADDRESS	960 CYPRESS GARDENS BLVD			TREET AL	ODBESS					
CUTY-ST-7IP	WINTER HAVEN FL		- 1	CITY-ST-						
TIME		DELETE	3.1 TI				T I	Change	Addition	
NAME			3.2 N	AME						
STREET ADORESS			3.3 S	TREET AC	DDRESS					
CiTY-ST-7-P			3.4. 0	CITY-ST-	ZIP					
TITLE		☐ DELETE	417				Ţ	Change	☐ Addition	
NAME			4.21	NAME						
STREET ADDRESS			4.3 \$	TREET AL	DORESS					
C-111-S1-7IP			4.4 C	ITY-ST-	ZIP					
11'11		DELETE	5.1 T	TLE			Ţ	Change	Addition	
N4Mi			5.2 N	IAME						
STREET ACORESS			5.3 S	TREET A	DORESS					
CITY+ST-ZIP			5.4 C	ITY-ST-	ZIP					
THEF		DELETE	61 T	ITLE			1	Change	Addition	
NAM <u>i</u>	J		6.2 N	IAME]					
STREET ADDRESS			635	TREET A	DDRESS					
0174 - 51 - 712			6.4 C	:TY-\$7-	ZIP					

14. I do hereby certily 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: