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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J65436 DOCUMENT #

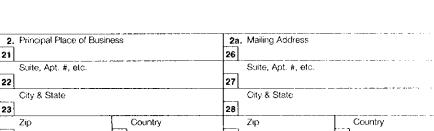
(4)

CATHAY REALTY OF CENTRAL FLORIDA, INC.

Principal Place of Business P.O. BOX 3433 **TAMPA FL 33601**

Mailing Address

P.O. BOX 3433 **TAMPA FL 33601**





3. Date Incorporated or Qualified 03/30/1987

3a. Date of Last Report

02/01/1995

2. Principal Place of Business 1				2a. Mailing Address 26				4.	59-3257914	Not Applicable		
2	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired Service			
3	City & State			City & State					Election Campaign Financing Trust Fund Contribution	• • • • • • • • • • • • • • • • • • • •		
4	Zip	Country 25	29	Zıp	Country 30			This corporation has lability for intangible tax under s 199.032, Florida Statutes				
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
MITCHELL, STEPHEN J ESQUIRE ONE TAMPA CITY CENTER, S. 2100 201 NORTH FRANKLIN STREET TAMPA FL 33602						81 Name 82 Street Address (F.O. Box Number is Not Acceptable) 83 84 City 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, typed or printed name of registered agent and life if applicable	(NOTE RU	gistered Agent signature re			
_12	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
1 ITLE	_	DELETE	1. 1 TITLE	☐ Crange	Addition	
NAME	FURZE, JOHN A		1.2 NAME			
STREET ADDRESS	GOVERNORS HARBOUR		1.3 S1REET ADORESS			
CITY-ST-ZIP	GRAND CAYMAN, B.W.I.		1.4 CITY - ST - ZIP			
TITLE	DVS	DELETE	2 1 1111.5	☐ Change	Addition	
NAME	COLLINS, JOHN A		2.2 NAME			
STREET ADDRESS	PROSPECT		23 STREET ADDRESS			
CITY-ST-ZIP	GRAND CAYMAN, B.W.I.		2 4 CiTY - ST - ZIP			
TITLE		DELETE	3 1 TITLE	Change	Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-S1-2IP			3.4 C/TY - ST - ZIP			
TITLE		DELETE	4.1 TITLE	☐ Change	Addition	
NAME			4.2 NAME			
STREET ADDRESS			4 3 STREFT ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5 1 THTLE	☐ Change	Addition	
NAMÉ			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
DITY-ST-ZiP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6 1 TITLE	☐ Change	Addition	
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP	Effect of the state of the stat		

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)(k), 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 cath; 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:

3-21-96 809-949-6090