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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Jan 21 1997 8:00am

Secretary of State

(96/6) (96/6)

Secretary of State
DIVISION OF CORPORATIONS

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MANSING SUBS, INC.

Principal Place of Business Mailing Address 4374 W. NORTHLAKE BLVD. 4374 W. NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-6254 3. Date Incorporated or Qualified 3a. Date of Last Report 07/14/1987 02/06/1996 2. Principa! Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-2829797 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees ZiD Country Country Zφ 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LEE. TSUN YAN 4374 W NORTHLAKE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410-3254 83 84 City 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. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or proted name of registered agent and the P applicants (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE Change ☐ Addition LEE, TSUN YAN NAME 1.2 NAME 10217 FLAG DR. STREET ADDRESS 1.3 STREET ADDRESS PALM BCH GARDENS FL DITY: ST: ZIE 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZII 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE Change Addition 4.1 DILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY - ST-ZIP TiTt F DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4_CITY-\$T-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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: