PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place	of Business	Mailing Address				\dashv
3611 W. NASSAU ST. SUITE 100 TAMPA FL 33607		P. O. BOX 290055 TEMPLE TERRACE FL	33687			
US CAMPA PL 33007		03				-
2. Principal Pla	ce of Business	2a. Mailing Address				+ 4
21 Suite, Apt. #	etc.	26 Suite, Apt. #, etc.				+
22	, 4.5.	27				:
City & State		City & State				-
23		28	Cour			
Zip	Country 25	Zip	30	iu y		1
24	9. Name and Address of Cu	11	[30]			1
		<u> </u>	_	81	Name	-
	, SHIU-CHANG W. NASSAU ST			82	Street Add	ress
SUITE	100		İ	83		
TAMP	A FL 33607		ļ	84	City	

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90106 036 ***150.00



Principal Place	e of Business	Mailing Address								
3611 W. NASSA	AU ST.	P. O. BOX 290055								
SUITE 100		TEMPLE TERRACE FL 3	3687							
TAMPA FL 3360	07	US			DO NOT WRITE IN THIS SPACE					
US						Date Incorporated or Qua	lifed			
	•					08/17/1987				
2 Principal Pl	lace of Business	2a, Mailing Address				4. FEI Number			App	lied For
— ·	acco of Eduliació	26				59-284 1983				Applicable
21	# -L-	Suite, Apt. #, etc.				39 204 1900		\$8		ditional
Suite, Apt.	#, etc.	<u> </u>				Certificate of Status Desired	∍d □		e Req	
22		27							· · ·	
City & State	e	City & State				6. Election Campaign Finance	cing			lay Be
23	·	28				Trust Fund Contribution			ded to	rees
Zip	Country	Zip	Co	untry		8. This corporation owes the	current year In	_		_
24	25	29	30			Personal Property Tax.		∐ Yes	<u> </u>	No
•	9. Name and Address of Current	t Registered Agent				10. Name and Address of N	ew Registered	Agent		
				81	Name					ļ
CHA	Y, SHIU-CHANG				0	(D.O. D N basis Net As	table)			
3611	I W. NASSAU ST			82	Street Add	dress (P.O. Box Number is Not Ac	серіаме)			
	E 100			83						
	PA FL 33607									
TAIN	1 A 1 E 50007			84	City		FI	85	Zip Co	ode
								<u>- </u>		
_11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Sta of Florida. Such change wa	itutes, the a s authorize	above	-named corp	poration submits this statement to ion's board of directors. I hereby a	ccept the appo	intment a	as regi	stered
					and conported					
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505,	Florida Sta	itutes.						
agent. I a SIGNATURE	m familiar with, and accept the obligat . Signature, typed or printed name of registered agen	lions of, Section 607.0505,	Fionua Sta	itutes.	•	red when reinstating)	DATE			
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agent. I a SIGNATURE 12.	m familiar with, and accept the obligat	t and title if applicable (No.	OTE: Registere	ed Agen	•	red when reinstating)		ND DIRE		RS IN 12
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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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE: