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

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 MAY -1 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J92068** **(2)**

1. Corporation Name
**BAMBOO HOUSE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 16799 GOLFVIEW DRIVE<br>FORT LAUDERDALE FL 33326 | 16799 GOLFVIEW DRIVE<br>FORT LAUDERDALE FL 33326 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 908 13TH STREET
22: Suite, Apt. #, etc
23: City & State: ST. CLOUD, FL
24: Zip: 34769
25: County: OSCEOLA

2a. Mailing Address
26: 2201 SPRING LAKE CIRCLE
27: Suite, Apt. #, etc.
28: City & State: ST. CLOUD, FL
29: Zip: 34771
30: County: OSCEOLA

4. FEI Number: 65-0004071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LEE, HSUEH-HSIA
16799 GOLFVIEW DRIVE
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name: LEE, CHAO-SHENG
82 Street Address (P.O. Box Number is Not Acceptable): 2201 SPRING LAKE CIRCLE
83
84 City: ST. CLOUD FL 85 Zip Code: 34771

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: Chao Sheng Lee — 04/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | DP ☑ Change ☐ Addition |
| NAME | LEE, CHAO-SHENG | 12 NAME | LEE, CHAO-SHENG |
| STREET ADDRESS | 16799 GOLFVIEW DRIVE | 13 STREET ADDRESS | 2201 SPRING LAKE CIRCLE |
| CITY ST ZIP | FT. LAUDERDALE FL | 14 CITY-ST-ZIP | ST CLOUD, FL 34771 |
| TITLE | DT | 21 TITLE | DT ☑ Change ☐ Addition |
| NAME | LEE, HSUEH-HSIA | 22 NAME | LEE, HSUEH-HSIA |
| STREET ADDRESS | 16799 GOLFVIEW DRIVE | 23 STREET ADDRESS | 2201 SPRING LAKE CIRCLE |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 24 CITY-ST-ZIP | ST CLOUD, FL 34771 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY-ST-ZIP | |

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 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:** Chao Sheng Lee — CHAO-SHENG LEE — 04/27/95 — 957-4232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0234746 CP