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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:59

DOCUMENT # J96958 (0)

1. Corporation Name
CROWN 46, INC.

Principal Place of Business	Mailing Address
% J. H. HSU 820 IRMA AVE. ORLANDO FL 32803	% J. H. HSU 820 IRMA AVE. ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1987
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2855353 [ ] 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. 199.052, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

HSU, J. H.
820 IRMA AVE.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 the date, if applicable) (DATE) (Registered Agent signature required if changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	[ ] Change [ ] Addition
NAME	FORBES, ALAN, DR	12 NAME	
STREET ADDRESS	9728 WILDOAK DR	13 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	[ ] Change [ ] Addition
NAME	HO, TING-JUI D	22 NAME	
STREET ADDRESS	402 VINNEDGE RIDE	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	[X] Change [ ] Addition
NAME	CHUNG, JOHN , DR	32 NAME	
STREET ADDRESS	~~7648 PARK SPRING CIR~~	33 STREET ADDRESS	11746 SOUTH ST.
CITY-ST-ZIP	~~ORLANDO FL~~	34 CITY-ST-ZIP	Artesia , CA 90701
TITLE	DT	41 TITLE	[ ] Change [ ] Addition
NAME	HSU, JIN-HSIAO	42 NAME	
STREET ADDRESS	559 E LAKE SUE AVE	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	[ ] Change [ ] Addition
NAME	LU, HSU-KUANG STEVEN	52 NAME	
STREET ADDRESS	4460 KINCARDINE DR.	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	[ ] Change [ ] Addition
NAME	PAN, CHIH-LONG	62 NAME	
STREET ADDRESS	107 SWEETWATER BLVD N.	63 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	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)(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 the 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: Jin-Hsiao Hsu 2-15-95 423-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone number

0064601 CP