FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

		1	_

FILED Feb 17 1998 8:00am Secretary of State

TUNG P	TING CUI	RPURATION											
Principal Place	e of Business	S	Maili	ng Address					n indicitati mis nintin gedin anata massa nan		8191 1 810 11 811	in Ann n ti	43 1
3805 FOWLER ST		3605	3605 FOWLER ST										
FT MYERS FL	33901			MYERS FL 33901					DO NOT WRITE	IN THIS S	SPACE		
US			US						3. Date Incorporated or Qualified				
									11/30/1987				
2, Principal Pi	lace of Busin	ness	2a. N	failing Address					4, FEI Number		1/	pplied	For
21			26	g					65-0013504			lot App	
Suite, Apt.	#, etc			uite, Apt. #, etc.					Certificate of Status Desired		\$8.75	Additic	onal
22			27						5, Certificate of Status Desired		Fee F	Required	d
City & State	D .			City & State					6. Election Campaign Financing	_		May I	
23			28		, .				Trust Fund Contribution			to Fee	
Zip		Country		Zip Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				le	
24		25 and Address of Curre	29	red Agent	30	ſ	-		Personal Property Tax due June 10. Name and Address of New Re				
***			nii Negisie	red Agent		81	Name	_	10. Harris and Hadrison of How the	J	- goill		
	U, LINDA N												
	5 FOWLER	(51				82	Street A	Addres	ss (P.O. Box Number is Not Acceptab	ile)			
FI	MYERS FL					83							
											3.2.1 %	, O i al a	
						84	City			FL	. 1''' '	Code	ŀ
11. Pursuant l office or re agent. I as	to the provis egistered ag m familiar wi	ions of Sections 607 05 jent, or both, in the Sta th, and accept the obli	02 and 607 te of Florida gations of, \$.1508, Florida Statu Such change was Section 607.0505, F	ites, the a authorize lorida Sta	bove d by lutes	e-named the corp s.	corpo ocratio	ration submits this statement for the p n's board of directors. I hereby accep	ourpose of of the app	changing ointment a	its regi s regist	stered lered
SIGNATORE	Signature typed	or product name of registered a			TL Registere	d Age	ent signature	required	when reinstating)	DATE			
12.		OFFICERS A	ND DIRECT		13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO Change		12 Addition
TITLE	D	IDA NODEEN		☐ DELETE	1.1 T						Change	السا	AGGILION
NAME		NDA NOREEN			1.2 N								
STREET ADDRESS		WLER STREET					ADDRESS						
CITY-ST-ZIP TITLE	FT. MYE	no fl		DELETE	2.1 T	ITY-S	1-211				Change		Addition
NAME	YAU, JO	HNNY			2.2 N								1
STREET ADDRESS		WLER STREET					ADDRESS						
CITY-ST-ZIP	FT. MYE						ST - ZiP			٠.			
TITLE	D			☐ DELETE	3.1 T						☐ Change		Addition
NAME	CHEN. I	DANIEL C			3.2 N	IAME							
STREET ADDRESS		WLER STREET			3.3 9	TAEET	ADDRESS						
CITY-ST-ZIP	FT. MYE				3.4.	CHTY-S	ST - ZIP	l <u>. </u>					
TITLE				☐ DELETE	4.1.1	ITLE					Change		Addition
NAME					4. 2	NAME	}	}					1
STREET ADDRESS					4.3 5	TREET	ADDRESS	İ					-
CITY - ST - ZIP						HTY-S	T - ZIP	L			1 10		1.44bt
TITLE				☐ DELETE		ITLE					Change	, Ц	Addition
NAME	1					IAME							
STREET ADDRESS					- 1		ADDRESS						-
CITY-ST-ZIP				btitte			T-ZIP	ļ <u>.</u>		•	Change		Addition
TITLE				☐ DELETE		ITLE					□ cusinge	اسبا	rwuiii011
NAME						IAME	40000000						
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				The second at letter		CITY-S		l od in C	action 110 07(2Vi) Florida Statutes I	further or	ortific that t	ne infor	mation

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 or an attachment with an address.

2-10.98

941-278-0006