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 # K05795

(5)

THE CURIO ARTS OF PASCO COUNTY, INC.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



443 GULFVIEV PORT RICHEY	V SQ UAREMALL ' FL 34668	443 GULFVIEW SQUAREMALL PORT RICHEY FL 34668					
			•		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 12/07/1987		
2. Principal Pl	ace of Business	2s. Mailing Address	2s. Mailing Address		4. FEI Number	Ar	plied For
21		26			59-2859975	X No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional		
22		27			5. Commodition Clarical Desired	Fee Re	equired
City & State	•	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added 1	·· -
Zip	Country	Zip	Count	гу	8. This corporation owes or has paid the c		
24	[25]	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registered		J No
	9. Name and Address of Curr	ent Registered Agent		81 Name			
HSIAO, JAMES H.			_ ا	140.110			
443 GULFVIEW SQUAREMALL			8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
PORT RICHEY FL 34668			8	2			
				"			
			8	4 City	F	85 Zip (Code
dd Cown ond	a the previous of Contrary 607.0	LOO and COT 1EON Florida Ptale	itos the cho	yp namod oo			te renietered
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	novel and title despirable. (NO	IF Pagislared A	cent signature ren	quired when reinstating) DATE		
12.		ND DIRECTORS	13.	gont agricioso req	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	P	DELETE	1.1 TITLE			Change	☐ Addition
NAME	HSIAO, HIS-LIN		1,2 NAM				[
STREET ADDRESS	443 GULFVIEW SQUARE N	IALL	1.3 STRE	ET ADDRESS			İ
CITY-ST-ZIP	PORT RICHEY FL		1.4 CITY	- ST - ZIP			
TITLE	V	DELETE	2.1 TITLE			Change	Addition
NAME	LIN, CHI-KUANG		2.2 NAM	E			
STREET ADDRESS	443 GULFVIEW SQUARE M	IAUL.	2.3 STRE	e1 address			
CITY-ST-ZIP	PORT RICHEY FL		2. 4 CITY	- ST - 21P			
TITLE	\$	DELETE	3.1 TITLE			Change	Addition
NAME	HSIAO, I-FEN		3,2 NAM	E			
STREET ADORESS	443 GULFVIEW SQUARE N	IALL	3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL		3.4. CITY	-ST-ZIP			
TITLE	·· 	☐ DELETE	4.1 TOTAL			Change	☐ Addition
NAME			4. 2 NAN	Ι Ε			
STREET ADDRESS			4.3 STRE	et address			1
CITY-ST-ZIP		<u>.</u>	4.4 CITY	- ST - ZIP			
TITLE	· 	☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAM	ŧ			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
14 I hereby o	ortify that the information supplied	with this filing does not qualify.	for the even	betele notion	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.