FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS K11293 (3)**DOCUMENT #** FU HSING, INC. Principal Place of Business Mailing Address 16 SPANISH TRAIL 16 SPANISH TRAIL NAPLES FL 33962 NAPLES FL 33962 3. Date Incorporated or Qualified 3a. Date of Last Report 01/07/1988 05/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0020930 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired M 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country $Z_{\rm ID}$ Zin Country 8. This corporation has liability for intangible tax under s. 199,032. 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SU, TONY P.K. 82 Street Address (P.O. Box Number is Not Acceptable) 16 SPANISH TR. NAPLES FL 33962 83 84 City 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 title if applicance (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD DELETE 1.1 DB F ☐ Change ☐ Addition SU. TONY P.K. 12 NAME 16 SPANISH TR. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL DITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition SU, I-CHAO 2.2 NAME 16 SPANISH TR. STREEL ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE 3. 1 TITLE Change ☐ Addition SU, PI SICH 32 NAME 16 SPANISH TR. STREET ADDRESS 3.3. STREET ADDRESS NAPLES FL CITY - ST - ZIP 34 CITY-\$1-ZIP DELETE 4 1 TITLE ☐ Change Addition SU. SHAN-SHAN 42 NAME 16 SPANISH TR. STHEF? ADDRESS 4.3 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5,4 CITY - ST - ZIP

5. 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

NAPLES FL

21

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23

24

12.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS.

City St ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-774-1106

Change

Change

☐ Addition

☐ Addition