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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # K11293** 

(3)

FU HSING, INC. Principal Place of Business Mailing Address 16 SPANISH TRAIL 16 SPANISH TRAIL NAPLES FL 34113-7948 NAPLES FL 33962 3. Date Incorporated or Qualified 3a. Date of Last Report 01/07/1988 04/29/1996 4. FEI Number Principal Place of Business 2a. Mailing Address Applied For 65-0020930 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Country Ζıp 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SU, TONY P.K. 16 SPANISH TR. 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33962 63 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type dior ponted name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition PTD 1.1 TITLE TITLE NAMI SU, TONY P.K. 1.2 NAME 16 SPANISH TR STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE SU. I-CHAO NAME 2.2 NAME 16 SPANISH TR. STREET ADORESS 2 3 STREET ADDRESS NAPLES FL 2. 4 CITY - ST - ZIP CITY-\$1-2IP DELETE Change Addition 3.1 TITLE TITLE SU, PI SICH NAMÉ 3.2 NAME 16 SPANISH TR. STREET ADDRESS 33 STREET ADDRESS NAPLES FL 34 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition 4.1 TITLE DILE SU, SHAN-SHAN 4 2 NAME NAME 16 SPANISH TR. 4.3 STREET ADDRESS STREET AUDRESS NAPLES FL 4.4 CITY-ST-ZIP CFY \$1-ZP DELETE ☐ Change Addition 51 TITLE THE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-76 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THUE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIF 6.4 CITY - ST - ZIP

14. I do 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 inclicated 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

141-774-1106

(96/6)

**FILED** 

Mar 03 1997 8:00am

Secretary of State