Applied For

\$8.75 Additional

Fee Required

No Applicable

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

639 Kulberry

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90185 029 ***150.00

| DOCUMENT | # | K54000 |
|---------------------|---|-----------|
| 1. Corporation Name | | 1 10 1000 |

ISSE SONG, P.A.

Principal Flace of Business

2. Principal Place of Business

639

Suite, Apt. #, etc.

22

4107 W. VINE ST KISSIMMEE FL 34741 Mailing Address

4107 W. VINE ST KISSIMMEE FL 34741

2a. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

12/27/1988

65-0091740

5. Certificate of Status Desired

4. FEI Number

| | | | | | | | | | | | |
|----------------|--|------------------------------|------------------------|-----------------|---------------------|---------------|---|-----------------------------------|---------------|-------------------|----------------------------------|
| City & State | ebration f | -lorida 28 | City & State Cele blat | ian | Flo | rida | 1 | Campaign Fina und Contribution | ncing | | Vlay Be to Fees |
| Zip | Country | | Zip | | untry | | + | poration owes t | se current ve | ar Intangible | |
| 24 347 | | . — | 34747 | 30 | Osce | nla | 1 | al Property Tax. | no outrone ye | - Yes | ≴ INo |
| 24 - 1 | 9. Name and Address | | | 1001 | T | <u> </u> | | and Address of | New Regist | ternd Agent | |
| | <u> </u> | | | | 81 Na | me C | ONG | ISSE | TC | HENG | |
| SON | | 20 01 | | | <u> </u> | | 110/04 | | | | |
| 4107 | W. VINE STREET | | | | 82 Str | eet Addre | | Number is Not / | | | |
| KISS | IMMEE FL 34741 | | | | 83 | | 1 1.146 | - BETTY | <u> </u> | | |
| | | | | | | | | | _ | | |
| | | | | | 84 Cit | Y Cel | le bratio | h | | | Code 1 :7 <i>4/</i> -7 |
| 11 Pursuant t | to the provisions of Section | s 607.0500 and 60 | 7.1508. Florida Stat | utes, the a | ⊥⊥ above-nar | ned corpo | oration submit | s this statement | for the purpo | se of changing it | s registered |
| office or re | edistered agent or both in | the State of Florida | a. Such change was | authorized | d by the d | orpor atio | n's board of d | irectors. I hereb | accept the | appointment as r | eç istered |
| - | m familiar with, and a cept | the obligations of | Section 607,0505, F | TOTICA STAT | iui e s. | | | | 4-20- | 99 | |
| SIGNATUFE | Signature, typed or printed name of re | registered agen and title if | applicable NO | 1 E: Registered | d Agent signa | ture required | when reinstating) | | 0/ | TE / | _ |
| 12. | | ICERS AND DIREC | | 13. | | | | NS/CHANGES | TO OFFICE | RS AND DIRECT | ORS IN 12 |
| TITLE | D DELETE SONG, ISSE I-CHENG | | 1.1 TI | ITLE | | Presic. | ent | | Change | Addition | |
| NAME | | | 12 N | IAME | | SONG | Tions/Changes ic.ent G ISSE Mulberr bration | (-CHENG | NG | | |
| STREET ADDRESS | 1872 S TAMIAMI TR # | ₽Ε | | 1.3 S | TREET ADDR | ESS | 639 | Mulberry | Ave | | |
| CITY-ST-ZIP | VENICE FL | | | 1.4 C | ITY-ST-ZIP | | celeb | ration ' | , <u>F</u> L | 34747 | |
| TITLE | | | ☐ DELETE | 2.1 TI | ITLE | | | | | ☐ Change | Addition |
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| STREET ADDRESS | | | | 238 | TREET ADD | ESS | | | | | |
| CITY-ST-ZIP | | | | 2.40 | CITY-ST-ZIP | | | | | | |
| TITLE | | | ☐ DELETE | 3.1 TI | ME | | | | | ☐ Change | ☐ Addition |
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| STREET ADDRESS | | | | 4,3 S | TREET ADDR | ESS | | | | | |
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| TITLE | | | ☐ DELETE | 51T | TILE | | | | | ☐ Change | Addition |
| NAME | | | | 5.2 N | IAME | | | | | | |
| STREET ADDRESS | | | | 5.3 S | TREET ADDA | ESS | | | | | |
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| TITLE | | | ☐ DELETE | 6.1 T | TTLE | | | | | Change | Additio |
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| CITY-ST-ZIP | | | | 6.4 C | AIZ-T8-YTK | | | | | | |
| 3171 017411 | | | | | | | | | | | |

14. I hereby certify that the informat on supplied with this filling 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 corpora ion or the receiver or trustee empowered to execute this report as recuired 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, with all other like empowered.

SIGNATURE:

AND TYPED OR I'RINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-497-4997