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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K60329

(5)

SECURITY ACCESS BIOMETRICS, INCORPORATED

Principal Place of Business

2. Principal Place of Business

Mailing Address

1903 DUNLOE CIRCLE DUNEDIN FL 34698

Suite, Apt #, etc.

1903 DUNLOE CIRCLE **DUNEDIN FL 34698**

2a. Mailing Address

Suite, Apt. #, etc.

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

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Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

01/24/1989

65-0089950

5. Certificate of Status Desired

4. FEI Number

22;			. 27			٠.		ļ		1.66.16	squireu .	
City & State				City & State				6.	Election Campaign Financing	\$5.00	May Be	
23				28				ļ.,,	Trust Fund Contribution	Added t	o Fees	
$\overline{}$	(ip	Country		ĺP	intry		8.	This corporation owes or has paid th				
24		25	29		30	·			Personal Property Tax due June 30.		No	
Name and Address of Current Registered Agent								10.	Name and Address of New Regist	ered Agent		
LU, LI-LO HSU							Name					
1903 DUNLOE CIRCLE						82	Street Addre	ss (P	O. Box Number is Not Acceptable)		"	
DUNEDIN FL 34698												
						83						
						84	City			85 Zip 0	Codo	
						54	City			FL 85 Zip (200e	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporati									n submits this statement for the purpo	ose of changing it	s 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												
SIGI	Signature, typ	sed or printed name of regi	stered agent and litte if ap	oplicable. (NOT	E Registere	d Ager	nt signature required	when	reinstating) D	ATE		
12.		OFFICE	RS AND DIRECTO	ORS	13.			F	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12	
TITLE	VD			☐ DELETE	1.1 Ti	TLE				☐ Change	☐ Addition	
NAME	LU, D	AOZHENG			1.2 N	AME						
STREE	T ADDRESS 1903	DUNLOE CIRCLE			1.3 S	REET A	ADORESS					
спу-	ST-ZIP DUNE	DIN FL			1,4 CI	TY-ST	-ZIP				,	
TITLE	VTSD			DELETE	2,1 TI		· · ·			☐ Change	Addition	
NAME	LU,U-l	.o hsu			2.2 N	AME	1					
STREE	TADDRESS 1903 [DUNLOE CIRCLE			2.3 \$1	REET A	ADDRESS					
CITY-	ST-ZIP DUNE	DIN FL				ITY-SI	1	-			1	
TITLE	PD			DELETE	3.1 71					Change	Addition	
NAME	LU, SI	MON WENFENG			3.2 N	AME	l			_	İ	
STREE	TADDRESS 3555	S. DARTMOUTH I	ANE		3.3 S1	REET A	ADDRESS					
CITY-	ST-ZIP ROWL	AND HEIGHTS C	A			ITY-SI						
TITLE	VD			DELETE	4.1 TI					Change	Addition	
NAME	TANG.	JIN			4.2N						_	
STREE	TADORESS 3555 S	S. DARTMOUTH L	ANE		4.3 ST	REET A	ADDRESS					
CITY-	ST-ZIP ROWL	AND HEIGHTS C	Ą		4.4 CI	TY-ST	-7IP					
TITLE			·	DELETE	5.1 TI					Change	Addition	
NAME					5.2 N	MF	f					
	ADDRESS				1		DDRESS				l	
CITY-						TY-ST-	<u> </u>					
TITLE				DELETE	6.1 T/I					☐ Change	Addition	
NAME					6.2 NA		İ					
	ADDRESS				1		DDRESS				İ	
CITY-												
14	hereby certify that	the information suo	olied with this filled	does not quality for	6.4 CD	mnti	on stated in Se	ection	on 119.07(3)(i) Florida Statutes I furth	er certify that the	Information	
	14. I hereby certify that the information 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 suppliemental 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											

LONA 14B JEGUIALIN-LO HSU LU 01-15-98 (813)736-8118

SIGNATURE