


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

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> K65627 <b>1. Corporation Name</b> Chi-Ling Incorporated					
<b>Principal Place of Business</b> 4085 Ridgewood Avenue Port Orange, FL 32127			<b>Mailing Address</b> 4085 Ridgewood Avenue Port Orange, FL 32127		
DO NOT WRITE IN THIS SPACE					
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
<b>3. Date Incorporated or Qualified</b> 02/14/89			<b>4. FEI Number</b> 59-2936679 <b>Applied For</b> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>9. Name and Address of Current Registered Agent</b> Clark, Joseph P. 533 N Nova Road, Suite 115 Ormond Beach, FL 32174			<b>10. Name and Address of New Registered Agent</b> 81 Name Robert Abraham 82 Street Address (P.O. Box Number is Not Acceptable) 347 South Ridgewood Avenue 83 84 City Daytona Beach FL 85 Zip Code 32114		
<b>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.</b>					
<b>SIGNATURE</b> <i>Robert Abraham</i> <b>Robert Abraham</b> <b>3/11/98</b> <small>Signature of person named current registered agent and shall be applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
<b>TITLE</b>	<b>P/S/T/D</b> <input type="checkbox"/> DELETE	<b>11 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	Chia Wei Fung	<b>12 NAME</b>			
<b>STREET ADDRESS</b>	4085 Ridgewood Avenue	<b>13 STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>	Port Orange, FL 32127	<b>14 CITY - ST - ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>21 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>22 NAME</b>			
<b>STREET ADDRESS</b>		<b>23 STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>		<b>24 CITY - ST - ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>31 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>32 NAME</b>			
<b>STREET ADDRESS</b>		<b>33 STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>		<b>34 CITY - ST - ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>41 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>42 NAME</b>			
<b>STREET ADDRESS</b>		<b>43 STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>		<b>44 CITY - ST - ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>51 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>52 NAME</b>			
<b>STREET ADDRESS</b>		<b>53 STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>		<b>54 CITY - ST - ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>61 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>62 NAME</b>			
<b>STREET ADDRESS</b>		<b>63 STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>		<b>64 CITY - ST - ZIP</b>			
<b>14. I 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 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.</b>					
<b>SIGNATURE:</b> <i>Chia Wei Fung</i>		<b>Chia Wei Fung, president</b>		<b>904-788-8858</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E034 (10/97)