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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L14770

CHUN SHIN (U.S.A.) CORPORATION

Mailing Address Principal Place of Business 12633 MISSION HILLS CR S 12633 MISSION HILLS CIRCLE JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 09/11/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2975879 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zio Country Zip Country 8. This corporation owes the current year Intangible ΠNα 24 25 29 30 Personal Property Tax. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HA, JEONG H. 12633 MISSION HILLS CIRCLE SOUTH Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32225 83 84 City 85 Zip Cöde 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 applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE Change TITLE 1.1 TITLE HA, JEONG H. 1.2 NAME NAME 12633 MISSION HILLS CIR. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE □ Change Addition ۷P TITLE 2.1 TITLE HA.KYE S. 2.2 NAME NAME 12633 MISSION HILLS CIR S. 2.3 STREET ADDRESS STREET ADDRESS JAX FL 32225 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change TITLE 3.1 TITLE Addition EONS H NAME: 3.2 NAME 登編SSBOH WESS Com PO PSP STREET ADDRESS 3.3 STREET ADDRESS CONVERTED BY STA 2 16 2 3 基基數數 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE

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, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

61TITLE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

BOOK LASSY TO BE

JACKS, NORTH TO

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP-

RE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

12/31/98 (904)645-53//

**FILED** 

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90023 039 \*\*\*150.00

CR2E034 (11/98)

Addition

Change