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Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L48525**
1. Corporation Name
FORMOSA SUNRISE CORPORATION

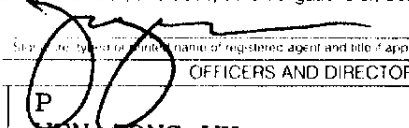
Principal Place of Business Mailing Address
6241-C Metro Plantatio Rd.
Fort Myers FL 33912

3. Date Incorporated or Qualified 3a. Date of Last Report
02/08/1990 **02/01/96**

2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 65-0174924 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent Wen Jong Wu 1420 Carmelle Dr. Ft. Myers, FL 33919	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **President** **2/18/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 11. TITLE <input type="checkbox"/> DELETE NAME WEN JONG WU STREET ADDRESS 1420 Carmelle Dr. CITY-ST-ZIP Fort Myers, FL 33919 12. TITLE <input type="checkbox"/> DELETE NAME VP STREET ADDRESS KUEI YING WU CITY-ST-ZIP 7132-4 Almendro Ter. Fort Myers, FL 33907 13. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 14. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 15. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 16. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP 21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP 31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP 41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP 51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP 61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP
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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 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.

SIGNATURE:  **2/18/97** **941-277-7099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)