

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L51832 (8)**
1. Corporation Name
FENG CO., INC.



Principal Place of Business: **% 2514 W. HILLSBOROUGH AVENUE TAMPA FL 33614**
Mailing Address: **% 2514 W. HILLSBOROUGH AVENUE TAMPA FL 33614**

3. Date Incorporated or Qualified: **02/21/1990**
3a. Date of Last Report: **02/20/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2999175	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fees Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Country	30	Country						

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FENG, FENG HWA 6515 SEAFARER DRIVE TAMPA FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition	
NAME	FENG, CHUNG Y.		1.2 NAME		
STREET ADDRESS	6515 SEAFARER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition	
NAME	WU, JOHN		2.2 NAME		
STREET ADDRESS	9701 RUSHWOOD CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition	
NAME	FENG, KANG PEI		3.2 NAME		
STREET ADDRESS	6515 SEAFARER DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition	
NAME	FENG, FENG HWA		4.2 NAME		
STREET ADDRESS	6515 SEAFARER DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALL FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kang Pei Feng* **KANG PEI FENG** 1-18-96 (813) 932-9855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)