FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:24

DOCUMENT # **L77160** **(4)**

1. Corporation Name
CROWN LAKE EVE, INC.

Principal Place of Business	Mailing Address
C/O J.H. HSU 820 IRMA AVENUE ORLANDO FL 32803	C/O J.H. HSU 820 IRMA AVENUE ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/29/1990**
3a. Date of Last Report: **06/10/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-3020898** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HSU, JIN-HSIAO
820 IRMA AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS	11 TITLE	☐ Change ☐ Addition
NAME	HSU, JIN-HSIAO	12 NAME	
STREET ADDRESS	559 EAST LAKE SUE AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PAN, CHIH-LONG	22 NAME	
STREET ADDRESS	107 SWEETWATER BLVD N	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HSU, TUNG-MEI	32 NAME	
STREET ADDRESS	8320 FRENCH OAK DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	FORBES, ALAN	42 NAME	
STREET ADDRESS	9728 WILROAD DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	JOINER, WAYNE	52 NAME	
STREET ADDRESS	200 N. MANGOUSTINE ST.	53 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	CHIU, KUN-YOUNG	62 NAME	
STREET ADDRESS	109 E. ADAIR ST.	63 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA	64 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)(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 added to the report with an address.

SIGNATURE: _____ Jin-Hsiao Hsu 2-15-95 423 0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0004000 CP