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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 177160** 

141

**FILED** Apr 08 1998 8:00am Secretary of State

CROWN	N LAKE EVE, INC.	(1)			I
Principal Plac	e 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	
OND NOO IL	. SEOUS	ONDANDO PL 32803		3. Date Incorporated or Qualified	
				05/29/1990	1
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied Fo	or
21		26		<b>59-3020898</b> Not Applic	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional	a)
City & State	0	City & State		Fee Required	
23	E	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	'
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. X Yes No	
	g, Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent	
HS	u, Jin-Hsiao		81 Name		
820	) IRMA AVENUE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	$\dashv$
OR	LANDO FL 32803				
			83		
			84 City	85 Zip Code	-
44 Discounci	10 Ho annihim of Continue CO7 (1)	0 - 1007 IF OD FIG. 1- 0-1		FL 15	
Office of f	registered agent, or both, in the State im familiar with, and accept the oblig-	of Florida. Such change was a	authorized by the corpor	orporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as register	ed
SIGNATURE	Signature, typed or proted name of registered age	INOX	E Registered Agent signature rec	guired when reinstating. DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<b></b> -[₹
TITLE	DTS	DELETE	1.1 TITLE	Change Add	
NAME	HSU, JIN-HSIAO		1.2 NAME		
STREET ADDRESS	559 EAST LAKE SUE AVENUI	E	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DEFELE	2.1 TITLE	Change Ado	dition C
NAME	PAN, CHIH-LONG		2.2 NAME		
STREET ADDRESS	107 SWEETWATER BLVD N		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2 4 CITY-ST-ZIP	Proof brown	
TITLE	D HSU. TUNG-MEI	☐ DELETE	3.1 TITLE	L_j Change L_j Add	lition
STREET ADDRESS	8320 FRENCH OAK DRIVE		3.2 NAME		- 1
CITY-ST-ZIP	ORLANDO FL		3.3 STREET ADDRESS		
TITLE	DP DP	DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Ado	lition
NAME	FORBES, ALAN	ottile	4. 2 NAME	Cixinge Auc	,,,,,,,,
STREET ADDRESS	9728 WILROAD DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL		4.4 City-St-ZiP		
TITLE	DV	☐ DELETE	5.1 TITLE	☐ Change ☐ Adio	Jition
NAME	JOINER, WAYNE		5.2 NAME	_ <b></b>	}
STREET ADDRESS	200 N. MANGOUSTINE ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		5.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	6.1 TITLE	Change Add	iition
NAME	CHIU, KUN-YOUNG		6.2 NAME		
STREET ADDRESS	109 E. ADAIR ST.		6.3 STREET ADDRESS		
CITY - ST - ZIP	VALDOSTA GA		6.4 CITY - ST - ZIP		

14. Thereby 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 altachment with an address

SIGNATURE: