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Mar 25 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004427 (0)

1. Corporation Name

JACKSONVILLE CHINESE LIBRARY, INC.

Principal Place of Business

Mailing Address

5043 TIMOTHY LANE  
JACKSONVILLE FL 32210  
US5043 TIMOTHY LANE  
JACKSONVILLE FL 32210-4164  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAN, YEN  
12018 AMBROSIA COURT  
JACKSONVILLE FL 32223

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

3/14/1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CHEN, CHAO-MING  
STREET ADDRESS 3683 WEST OVER RD.  
CITY-ST-ZIP ORANGE PARK FL 320731.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D  
NAME ENG, JIMMY  
STREET ADDRESS 4305 S. BEND CIRCLE W.  
CITY-ST-ZIP JACKSONVILLE FL 322072.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D  
NAME KUNG, SIDNEY  
STREET ADDRESS 1962 RALEY CREEK DRIVE E.  
CITY-ST-ZIP JACKSONVILLE FL 322253.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D  
NAME LI, PAUL  
STREET ADDRESS 9031 WARWICKSHIRE RD.  
CITY-ST-ZIP JACKSONVILLE FL 322574.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D  
NAME LIU, FRANK  
STREET ADDRESS 3723 BESS ROAD  
CITY-ST-ZIP JACKSONVILLE FL 322115.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE P  
NAME SHAN, YEN  
STREET ADDRESS 12018 AMBROSIA COURT  
CITY-ST-ZIP JACKSONVILLE FL 322236.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/1997

CR2E037 (9/96)