

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # N95000003022 (9)

1. Corporation Name

FLORIDA CHINESE LIBRARY, INC.



Principal Place of Business

Mailing Address

12341 WARREN ROAD
 CLERMONT FL 34711

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 CLERMONT FL 34711

3. Date Incorporated or Qualified
 07/13/1993

3a. Date of Last Report
 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LIN, CHUN-IN
 12341 WARREN ROAD
 CLERMONT FL 34711

4. FEI Number
 59-3201921

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIN, CHUN-IN DR	
STREET ADDRESS	12341 WARREN ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LIN, WEN R	
STREET ADDRESS	12341 WARREN ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YUE, HELEN	
STREET ADDRESS	8502 N. ARMENIA AVE.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAI, B.S.	
STREET ADDRESS	12172 DESCARTES COURT APT. 2	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAN, MAY	
STREET ADDRESS	212 APPLEWOOD CT.	
CITY-ST-ZIP	KISSIMEE FL 34743	
TITLE	D. Morey Wong PD.	<input type="checkbox"/> DELETE
NAME	8502 N ARMENIA AVE	
STREET ADDRESS	Tampa, FL 33604.	
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ruby Chang	
1.3 STREET ADDRESS	12258 Bokannon Blvd	
1.4 CITY-ST-ZIP	Orlando, FL 32824	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Chun-In Lin* CHUN-IN LIN 7/24/96 352-343-6211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)