


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 12341 WARREN ROAD CLERMONT FL 34711	Mailing Address 12341 WARREN ROAD CLERMONT FL 34711-9696
---	--

3. Date Incorporated or Qualified 07/13/1993	3a. Date of Last Report 07/30/1996
4. FEI Number 59-3201921	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

LIN, CHUN-IN
12341 WARREN ROAD
CLERMONT FL 34711

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	Dir.	<input type="checkbox"/> DELETE
NAME	LIN, CHUN-IN DR	
STREET ADDRESS	12341 WARREN ROAD	
CITY-ST-ZIP	CLERMONT FL	
TITLE	Dir.	<input checked="" type="checkbox"/> DELETE
NAME	LIN, WEN-R	
STREET ADDRESS	12341 WARREN ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	Dir.	<input type="checkbox"/> DELETE
NAME	YUE, HELEN	
STREET ADDRESS	8502 N. ARMENIA AVE.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	President	<input type="checkbox"/> DELETE
NAME	WONG, MOREY	
STREET ADDRESS	8502 ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	Dir.	<input type="checkbox"/> DELETE
NAME	CHIANG, RUBY	
STREET ADDRESS	12258 BOHANNON BVD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	Dir.	<input type="checkbox"/> DELETE
NAME	Wen-he LU	
STREET ADDRESS	8023 Golden Glenn Ct	
CITY-ST-ZIP	Orlando FL 32819	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Mrs. D.Z. Young Kwo Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	20, 3 Alley 18 Lane Ho-Ping E rd section 2	
1.4 CITY-ST-ZIP	Taipei, Taiwan ROC	
2.1 TITLE	Tom Hung Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	107 Chung-shan rd st.	
2.4 CITY-ST-ZIP	Na-Hu Taiwan ROC	
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 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 _____ DATE **6/29/97**

CR2E037 (9/96)