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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006836

1. Corporation Name

EFC OF ORLANDO, INC.

Principal Place of Business

**4836 W. HIGHWAY 192
KISSIMMEE FL 34746**

Mailing Address

**4836 W. HIGHWAY 192
KISSIMMEE FL 34746**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/03/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		59-3483872	
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9. Name and Address of Current Registered Agent

**YOUNG, JOHNSON
4836 W. HIGHWAY 192
KISSIMMEE FL 34746**

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	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON YOUNG	1.2 NAME	
STREET ADDRESS	4836 W HWY 192	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	EDDY PAN	2.2 NAME	
STREET ADDRESS	4819 FORT LEE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	CHI-CHUAN HSIAO	3.2 NAME	
STREET ADDRESS	218 COMPETITION DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	LONG-SHENG HSU	4.2 NAME	
STREET ADDRESS	8320 FRENCH OAK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PAUL LIN	5.2 NAME	
STREET ADDRESS	337 DRAKE ELM DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	YING-CHUN LEE	6.2 NAME	
STREET ADDRESS	32 FOREST VIEW WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND FL 32174	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Johnson Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/99

Daytime Phone #

CR2E037 (11/98)