

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # (NOT-For-Profit)

1. Corporation Name

SHINTAO CORPORATION

DOCUMENT NO. N 98000002834

Principal Place of Business

Mailing Address

6815 41 DRIVE NORTH
RIVIERA BEACH, FL 33404

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22 City & State

27

City & State

23 Zip

28

Country

24 Zip

29

Country

30

3. Date Incorporated or Qualified

MAY 18, 1998

4. FEI Number

65-0869867

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DR. ROBERT HENRY POU LIN
6815 41 DR. N.
RIVIERA BEACH, FL 33404
(561) 882-1428

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: DR. Robert Henry Poulin / Reg. Agt. Pres. Feb 25, 1999

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 DR. ROBERT HENRY POU LIN DELETE
NAME D/S/T/C
STREET ADDRESS 6815 41 DRIVE NORTH
CITY-ST-ZIP RIVIERA BEACH, FL 33404

DR. GAIL HUARD /D
304 NEW BERM AVE
SURF CITY, NC 28445

Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

DR. GARY NEWELL /D
1 THE POINTE DR #1004
WEST PALM BEACH, FL 33404

Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

DR. H. F. NOYES
Advisory BOARD DIRECTOR
7 KRISTALI STR. POLITIA - ATTIKIS
145 63 GREECE

Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: DR. Robert Henry Poulin Pres. Feb 25, 1999 (561) 882-1428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)