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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90065 046 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> (NOT-For-Profit) * 1. Corporation Name <b>SHIN TAO CORPORATION</b> <b>DOCUMENT NO. N98000002834</b>			
Principal Place of Business		Mailing Address	
<b>6815 41 DRIVE NORTH RIVIERA BEACH, FL 33404</b>			
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip Country		Zip Country	
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>DR. ROBERT HENRY POULIN</b> <b>6815 41 DR. N.</b> <b>RIVIERA BEACH, FL 33404</b> <b>(561) 882-1428</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <b>DR. Robert Henry Poulin / Reg. Agt. Pres. Feb 25, 1999</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>DR. ROBERT HENRY POULIN D/STIC</b> STREET ADDRESS <b>6815 41 DRIVE NORTH</b> CITY-ST-ZIP <b>RIVIERA BEACH, FL 33404</b>		1.1 TITLE <b>DR. GAIL HUARD/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>304 NEW BORN AVE</b> 1.3 STREET ADDRESS <b>SUNF CITY, NC 28445</b> 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <b>DR. GARY NEWELL/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS <b>1 THE POINTE DR #1004</b> 2.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33404</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <b>DR. H.F. NOYES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>ADVISORY/BOARD DIRECTOR</b> 3.3 STREET ADDRESS <b>7 KRISTALI STR. POLITIA-ATTIKIS</b> 3.4 CITY-ST-ZIP <b>145 63 GREECE</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 #

**DR. ROBERT HENRY POULIN**

CR2E037 (11/98)