

AMOUNT DUE ON OR BEFORE 09/15/99: \$300 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT  
CORPORATION  
ANNUAL REPORT

1999

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

DOCUMENT # P93000013920

1. Corporation Name

NORTH BORNEO, INC.

## Principal Place of Business

2701 SW COLLEGE RD  
SUITE 309  
OCALA FL 34474

## Mailing Address

2701 SW COLLEGE RD  
SUITE 309  
OCALA FL 34474

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

02/17/1993

## 4. FEI Number

65-0382237

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property☐ Yes ☒ No

## 2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

## 2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

24

## 9. Name and Address of Current Registered Agent

CHEE, THAU M  
3002 SW 20TH ST  
APT 201  
OCALA FL 34474

## 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 607.0502 and 607.1508, 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 607.0505, 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

## TITLE

## NAME

## STREET ADDRESS

## CITY-ST-ZIP

P  
CHEE, THAU M  
3002 SW 20 ST., APT. 201  
OCALA FL☐ DELETE

## TITLE

## NAME

## STREET ADDRESS

## CITY-ST-ZIP

VPT  
LAM, JASON C  
2701 SW COLLEGE RD, #309  
OCALA FL☐ DELETE

## TITLE

## NAME

## STREET ADDRESS

## CITY-ST-ZIP

Manager  
Jin N. Soong  
P.O. Box 6503  
Ocala FL 34478☐ DELETE

## TITLE

## NAME

## STREET ADDRESS

## CITY-ST-ZIP

☐ DELETE

## TITLE

## NAME

## STREET ADDRESS

## CITY-ST-ZIP

☐ DELETE

## TITLE

## NAME

## STREET ADDRESS

## CITY-ST-ZIP

☐ DELETE

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

## 1.1 TITLE

## 1.2 NAME

## 1.3 STREET ADDRESS

## 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

## 2.1 TITLE

## 2.2 NAME

## 2.3 STREET ADDRESS

## 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

## 3.1 TITLE

## 3.2 NAME

## 3.3 STREET ADDRESS

## 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

## 4.1 TITLE

## 4.2 NAME

## 4.3 STREET ADDRESS

## 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

## 5.1 TITLE

## 5.2 NAME

## 5.3 STREET ADDRESS

## 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

## 6.1 TITLE

## 6.2 NAME

## 6.3 STREET ADDRESS

## 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cheong SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-99

Date

(352) 8733222

Daytime Phone #

CR2E034 (5/99)

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90022 009 \*\*\*\*61.25

09-21-1999 90019 018 \*\*\*\*88.75

