FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 12 1998 8:00am Secretary of State

	MENT # P9300 NG YUH, INC.	0030472 (3)	1 18411861 116 HEIRA HILV 81111 88111 88111 8811	a 11111 28111 21211 12212 1101 1001
Principal Plac 5229 COCC MARGATE	ONUT CREEK PKWY	Mailing Address 5229 COCONUT CREE MARGATE FL 33063	K PKWY	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address 21				04/26/1993 4. FEI Number 65-0406185	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State	L	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ₁ p	Country 25 25 2 Name and Address of Current	Z(p) 29 Registered Agent	Gountry 30	This corporation owes or has paid the c Personal Property Tax due June 30. Name and Address of New Registerer	Yes No
TANG, LUNG-MING 5229 COCONUT CREEK PKWY MARGAE FL 33063 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.			83 84 City	Press (P.O. Box Number is Not Acceptable) Flooring poration submits this statement for the purpose tition's board of directors. I hereby accept the appropriate the present the purpose tition's board of directors.	
SIGNATURE	Signature typod or printed name of registered age		E Registered Agent signature requ		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANG, LUNG-MING 5229 COCONUT CREEK PK MARGATE FL	☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS	SD WANG, ANGELA C 5229 COCONUT CREEK PK MARGATE FL	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANORYLIL	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5 1 TITLE 5 2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ D€LETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change Addition

14. I hereby cortify that the information supplied with this filling 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 supplientental 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: Y Ly Mis Jan

LUNG-MING TANG × 2/

(954) 911-8888

JECT (10%)