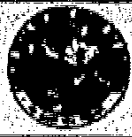


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morikawa
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040486 (1)

1. Corporation Name
NINE FLYING DRAGONS, INC.

Principal Place of Business Mailing Address
**2340 STONEBRIDGE DR 2340 STONEBRIDGE DR
ORANGE PARK FL 32065 ORANGE PARK FL 32065**

DO NOT WRITE IN THIS SPACE.

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	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 04/21/1994
4. FEI Number 50-3181074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEE, BEY-LI
2340 STONEBRIDGE DR
ORANGE PARK FL 32065**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LEE, YUFU
STREET ADDRESS	2340 STONEBRIDGE DR
CITY - ST - ZIP	ORANGE PARK FL 32065
TITLE	PD
NAME	LEE, SHIA
STREET ADDRESS	2340 STONEBRIDGE DR
CITY - ST - ZIP	ORANGE PARK FL 32065
TITLE	SOT
NAME	LEE, BEY-LI
STREET ADDRESS	2340 STONEBRIDGE DR
CITY - ST - ZIP	ORANGE PARK FL 32065
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SOT Bialek, Bey-Li Lee
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Bey-Li Lee Bialek Date: 4/17/95 (904)2644840
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #