

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000045622 (6)**

1. Corporation Name

**JING YONG ENTERPRISES, INC.**

*T.C. Medical center*



Principal Place of Business

Mailing Address

2016 E ROBINSON ST  
ORLANDO FL 32803

2016 E ROBINSON ST  
ORLANDO FL 32803

3. Date Incorporated or Qualified  
**06/28/1993**

3a. Date of Last Report  
**05/01/1995**

21. Principal Place of Business  
*2016 E ROBINSON ST Orlando FL 32803*

2a. Mailing Address

4. FEI Number  
**59-3190719**

Applied For  
Not Applicable

22. *Jing Yong Enterprises INC T.C. medical center*

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip Country

29. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONG, YOUNG-SHOU**  
2016 E ROBINSON ST  
ORLANDO FL 32803

81. Name *Jing Yong Enterprises INC T.C. medical center*  
82. Street Address (P.O. Box Number is Not Acceptable)  
*2016 E ROBINSON ST*  
83.  
84. City *ORLANDO* FL 85. Zip Code *32803*

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 filed applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONG, YOUNG-SHOU</b>	1.2 NAME	
STREET ADDRESS	<b>2016 E ROBINSON ST</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>ORLANDO FL 32803</b>	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 119.07(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: *Young Shou Dong*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**YOUNG SHOU DONG**

**2/14/96**

DATE

COPYING FEE

CR2E034 (12/95)



Department of the Treasury  
Internal Revenue Service

ATLANTA, GA 39901

In reply refer to: 9999999999  
Feb. 03, 1994 LTR 2358C  
59-3190719 9306 01 000  
Input Op: 9999999999 04392

Dear sir & madam,

JING YONG ENTERPRISES INC  
TC MEDICAL CENTER  
2016 E ROBINSON ST  
ORLANDO FL 32803-6045162

→ This is our whole  
name for our corporation,  
please take this matter, thank you.  
*Yongthong*

Taxpayer Identification Number: 59-3190719  
Form: 941  
Tax Period: June 30, 1993  
Correspondence Received Date: Jan. 20, 1994

Corrected,  
FI #

Dear Taxpayer:

Thank you for responding to our inquiry about the above overdue tax return. Based on your information, we agree that you are not legally required to file a tax return for the above tax period(s). We are taking no further action at this time, but we may need to contact you again if other tax issues arise. You do not need to reply to this letter.

If you have any questions about this letter, you may write us at the address shown above, or you may call the IRS telephone number listed in your local directory.

Sincerely yours,

D. W. Rucker  
Chief, Collection Branch