

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 # P93000046103 (6)

1. Corporation Name
YEE ON, INC.



Principal Place of Business

Mailing Address

3260 HWY 17-92
SUITE 100
LONGWOOD FL 32750

CHANGED

3260 HWY 17-92
SUITE 100
LONGWOOD FL 32750

3. Date Incorporated or Qualified
06/24/1993

3a. Date of Last Report
08/09/1995

2. Principal Place of Business

2a. Mailing Address

21 1158 SPRING CENTRE SOUTH BLVD

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 ALTAMONTE SPRINGS FL

28 City & State

24 32714

25 U.S.A.

29

30

4. FEI Number

59-3187558

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAN, SIU Y
3260 HWY 17-92
SUITE 100
LONGWOOD FL 32750

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CHAN, SIU Y
STREET ADDRESS 3260 HWY 17-92, SUITE 100
CITY-ST-ZIP LONGWOOD FL 32750

1.1 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 1165 SPRING CENTRE SOUTH BLVD
14 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
22 NAME
23 STREET ADDRESS 1154 PASO DEL SOL APT B
24 CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS TOMMY LEUNG
34 CITY-ST-ZIP 808 JORDAN DRIVE
TROY MI 48068

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
42 NAME
43 STREET ADDRESS ANDY SHAMON
44 CITY-ST-ZIP 21555 BLACKMAR
WARREN, MI 48098

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 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:

Siu Y Chan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

Date

(407) 788-9388

Daytime Phone #

CR2E034 (12/95)