

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000046103 (6)

1. Corporation Name
YEE ON, INC.

Principal Place of Business

1158 SPRING CENTRE SOUTH BLVD
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

1158 SPRING CENTRE SOUTH BLVD
ALTAMONTE SPRINGS FL 32714-11
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1993	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-3187558	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

CHAN, SIU Y
3280 HWY 17-92
SUITE 100
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

1	Name	CHAN, SIU Y
2	Street Address (P.O. Box Number is Not Acceptable)	3944 WATERVIEW Loop.
3		
4	City	WINTER PARK
5	State	FL
6	Zip Code	32789

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]*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAN, SIU Y			12	NAME		
STREET ADDRESS	1185 SPRING CENTRE SOUTH BLVD			13	STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			14	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		21	TITLE		
NAME	CHAN, RAYMOND			22	NAME		
STREET ADDRESS	1154 PASEO DEL SOL APT B			23	STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL			24	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		31	TITLE		
NAME	LEUNG, TOMMY			32	NAME		
STREET ADDRESS	808 JORDAN DRIVE			33	STREET ADDRESS		
CITY-ST-ZIP	TROY MI			34	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		41	TITLE		
NAME	SHAMON, ANDY			42	NAME		
STREET ADDRESS	21555 BLACKMAR			43	STREET ADDRESS		
CITY-ST-ZIP	WARREN MI			44	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		51	TITLE		
NAME				52	NAME		
STREET ADDRESS				53	STREET ADDRESS		
CITY-ST-ZIP				54	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		61	TITLE		
NAME				62	NAME		
STREET ADDRESS				63	STREET ADDRESS		
CITY-ST-ZIP				64	CITY-ST-ZIP		

14. I do 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: *[Signature]*

QUINCY

4-26-97 407 678 645

CR2E034 (9/96)