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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:36

DOCUMENT # P94000001902 (3)

1. Corporation Name
GARDEN TOURS, INC.

Principal Place of Business	Mailing Address
4624 W IRLO BRONSON HWY KISSIMMEE FL 34746	4624 W IRLO BRONSON HWY KISSIMMEE FL 34746

4636 W. IRLO BRONSON HWY

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1993	3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-3222262	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 GARDEN TOURS, INC.	26
Suite, Apt. #, etc. 22 SUITE A	Suite, Apt. #, etc. 27
City & State 23 KISSIMMEE	City & State 28
Zip 24 34746	Zip 29
Country 25 OSCEOLA	Country 30

9. Name and Address of Current Registered Agent

MCINTEE, JOHN E
241 E RUBY AVE
SUITE A
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: CHAO CHEN
82 Street Address (P.O. Box Number is Not Acceptable): 4636 W. IRLO BRONSON HWY
83: SUITE A
84 City: KISSIMMEE FL 85 Zip Code: 34746

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	CHEN, CHAO	1.2 NAME	CHEN, CHAO
STREET ADDRESS	4624 W IRLO BRONSON HWY	1.3 STREET ADDRESS	4636 W. IRLO BRONSON HWY
CITY-ST-ZIP	KISSIMMEE FL 34746	1.4 CITY-ST-ZIP	SUITE A, KISSIMMEE, FL 34746
TITLE	STD	2.1 TITLE	STD ☑ Change ☐ Addition
NAME	CHEN, HO	2.2 NAME	CHEN, HO
STREET ADDRESS	4624 W IRLO BRONSON HWY	2.3 STREET ADDRESS	4636 W. IRLO BRONSON HWY, SUITE A
CITY-ST-ZIP	KISSIMMEE FL 34746	2.4 CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ 1/16/95 407376-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0462572 FP