SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000051222 (5)**

1. Corporation Name

HAN TANG SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDI CINE, INC.

Principal Place of Business	Mailing Address
120 VENETIAN WAY. #22 MERRITT ISLAND FL 32953	120 VENETIAN WAY. #22 MERRITT ISLAND FL 32953

2. Principal Place of Business	3a. Mailing Address
21 3149 N Courtenay Pkwy	26 3149 N. Courtenay Pkwy
Suite, Apt #, etc 22	Suite, Apt #, etc. 27
City & State 23 Merritt Is	City & State 28 Merritt Is
Zip 24 FL32953 Country 25 U S A	Zip 29 FL32953 Country 30 U S A

3. Date Incorporated or Qualified 07/07/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3284158	☐ 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

NI, BO-SHIH
120 VENETIAN WAY, #22
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name: Ni, Bo-Shih.
82 Street Address (P.O. Box Number is Not Acceptable): 3149 N. Courtenay Pkwy
83
84 City: Merritt Island FL 85 Zip Code: 32953

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 _____ 7/8/96
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	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HAI-SHA NI		1.2 NAME	HAI-SHA. NI	
STREET ADDRESS	240 FLORDIA BLVD.		1.3 STREET ADDRESS	3300 SPARTINE	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	MERRITT IS. FL32953	
TITLE	S	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	SMITH, ROZANNE		2.2 NAME	SMITH, ROZANNE	
STREET ADDRESS	360 NORTHGROVE DR.		2.3 STREET ADDRESS	360 NORTHGROVE DR.	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	MERRITT IS FL32953	
TITLE	VP	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	NI, BO-SHIH		3.2 NAME	Ni. BO-SHIH	
STREET ADDRESS	42 BOGART PL		3.3 STREET ADDRESS	240 Florida BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	MERRITT FL32953	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/8/96 454-925-9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #