

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000051222

1. Corporation Name

HAN TANG SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDICINE, INC.

Principal Place of Business

3149 NORTH COURTENAY PKWY  
MERRITT ISLAND FL 32953  
US

Mailing Address

3149 NORTH COURTENAY PKWY  
MERRITT ISLAND FL 32953  
US

FILED  
Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90029 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1994

4. FEI Number

59-3284158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NI, BO-SHIH  
3149 NORTH COURTENAY PKWY  
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name

NI, HAI SHA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

HAI SHA NI, President 3/23/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P  
NAME HAI-SHA NI  
STREET ADDRESS 3300 SPARTANA AVE  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE S  
NAME LEE, CHUAN CHI  
STREET ADDRESS 1155 AUDUBON RD  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE VP  
NAME NI, BO-SHIH  
STREET ADDRESS 240 FLORIDA BLVD  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE P  
1.2 NAME NI, Hai sha  
1.3 STREET ADDRESS 3149 N Courtenay Pkwy  
1.4 CITY-ST-ZIP Merritt Island FL 32953

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 23 99 407-454 9259

Date

Daytime Phone #

CR2E034 (1/98)