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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000072813 (6)

SAM WOO CORPORATION

FILED	
Mar 02 1998 8:00am	l
Secretary of State	



Principal Place	e or Business	Malling Address					
6426 BOWDE	n road	6426 BOWDEN ROAD					
SUITE 211		SUITE 211			DO NOT WRITE IN THIS S	DACE	
JACKSONVILL	.E FL 32216	JACKSONVILLE FL 32216				AUE	
US		US			3. Date Incorporated or Qualified		1
					10/04/1994		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		oplied For
21		26			59-3268177		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22		27					equired
City & State	•	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	′	8. This corporation owes or has pald the curre		
24	25		30		Personal Property Tax due June 30.		No
	9. Name and Address of C	Current Registered Agent		T \$1	10. Name and Address of New Registered A	gent	
	N, YU D		81	Name			
109	316-1A ATLANTIC BLVD		82	Street	Address (P.O. Box Number Is Not Acceptable)		
#6	A						
JA	CKSONVILLE FL 32225		83]			
			84	City		es Zio	Code
			1	1	FL		
11. Pursuant t	o the provisions of Sections 60	07.0502 and 607.1508, Florida Statute	s, the abov	e-named	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the apporation's	hanging i	ts registered
office or re	egistered agent, or both, in the	State of Florida, Such change was au	uthorized by	y the corp	poration's board of directors. I hereby accept the appo	intment as	registered
agent. i ai	m ramiliai with, and accept the	obligations of, Section 607.0005, Flor	iva Statute	o.			
SIGNATURE	Signature, typed or printed name of registe	ored event and title if emplicable (NOTE:	Begistered Ag	ent signature	required when reinstating) DATE		
12.		RS AND DIRECTORS	13.	om vignatore	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	IM, YOUNG S		1.2 NAME		TM YOUNGS	•	
	6090 TERRY RD #308			ADDRESS	GRENEIGO BLVD		
STREET ADDRESS	JACKSONVILLE FL 322	18			IM, YOUNG S 3207 GREENFIED BLVD JACKSONVILLE FL	322	16
CITY-ST-ZIP	VD VD	DELETE	1.4 CITY - S 2.1 TITLE	51 · ZIP	JACKSONVICE 12	Change	Addition
TITLE	M, JAMES S	Deterie			•	0,10,190	
NAME	6090 TERRY RD #308		2.2 NAME		·		
STREET ADDRESS		46	2.3 STREET				
CITY-ST-ZIP	JACKSONVILLE FL 322		2. 4 CITY -	ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 T(T).E		· '	Change	Addition
NAME			3.2 NAMÉ				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY+ST-ZIP			3.4. CITY-	ST-ZIP		7.5.	
TITLE		L DELETE	4.1 TITLE		į	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
			5.4 CITY - S				
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	/ LU		Change	Addition
		V-Cark	6.2 NAME		l		
NAME				ADDDECC			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		line utili the filling along the second of	6.4 CITY-	T-ZIP	l ed in Section 119.07(3)(i), Florida Statutes. I further cer	if that the	information
	artiny that the information supp	illea with this tillna does not a ualit y fot	ı ine exemi	mon sialé	ao in aacilon 119.071370, Florida Statutes, Flutthef Cef	ภาคณาสถานาษ	

4. 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 informatio 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.

CIONATURE.

1 days

1.12.00 (9

(904) 367-0766