FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000080163 (6)

1. Corporation Name
HYBRID SYSTEM, INC.

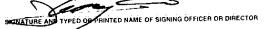
Principal Place of Business
Mailing Address
1112 O'DAY DRIVE
WINTER SPRINGS FL 32708
WINTER SPRINGS FL 32708



1112 O'DAY WINTER SPR	DRIVE INGS FL 32708	1112 O'DA WINTER SI	y drive Prings fl 32708	3		3. Date Incorporated or Qualified 10/31/1994	3a. Date o	/ Last Re 5/15/19	
N. Et in all all Olos	o of Pusinges	2a. Mailing Ad	dress			4. FEI Number	J	L	Applied For
, Fillipart lace of Eleantina		26	ነ			59-3278002			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
Orty & State		City & Stat	e			6. Election Campaign Financing Trust Fund Contribution			May Be
	Country	28	T	Country		8. This corporation has liability for i	intang ble tax	under s	199.032,
Zip	25	29	7 [7.1]				□ No		
<u> </u>	9. Name and Address of Cur	rent Registered Age	vt			10. Name and Address of New R	egistered A	gent	
				81	Namo				
LIN, JIN	MY J			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
1112 0	'DAY DRIVE								
WINTER	R SPRINGS FL 32708			83				·	
				84	City		FL	85 Zı	p Code
IGNATURE		AND DIRECTORS		13.	a signatus in Tahu	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
12. TILE	D		DECETE	1 1 1'TLF] Change	Add-tion
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STREET ADDRESS				5.3 STEE	ET ADURESS				
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NAMÉ.				82 NAM	ET ADOPESS				
STREET ADDRESS									
C(TY - S1 - Z(F)	1	allod with this files is w	al intarily furnishe	■ .9 5 9111 ad and do	es not qualify	for the exemption stated in Section 11 rate and that my signature shall have the	9.07(3)(k), Flo	orida Stat	tutes. I further

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 119.0 (a)(i), not obtained and the endough of 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 certify 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: X



6 407-662-882