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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000087089**1. Corporation Name

SISTER-BROTHER, INC.

Principa	I Place of Business
	Southside BLVD. Nyille fl 32256

Mailing Address

9041 181 SOUTHSIDE BLVD. JACKSONVILLE FL 32256

FILED Feb 08, 1999 8:00 am Secretary of State

02-08-1999 90037 031 ***150.00



Applied For

		DO NOT WRITE IN THIS SPACE
3.	Date	Incorporated or Qualifed

11/29/1994

4. FEI Number

- : : : : : : : : : : : : : : : : : : :	ingl Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
Principal Pla	ncipal Place of Business 2a. Mailing Address				59-3304248			Applicable
<u> </u>		Suite, Apt. #, etc.				Desired	\$8.75 Add	
Suite, Apt. #,	e, Apt. #, etc.				5. Certificate of Status D	estred L	Fee Requ	ıired
		27 State			6. Election Campaign F	inancing	\$5.00 M	av Be
City & State					Trust Fund Contributi		Added to	
	28				8. This corporation owe		tangible	
Zip	Country Zip Cou				_		☐ Yes ☐	∃No
	25	29 30	<u>1</u>		Personal Property Ta 10. Name and Address	of New Registered		
	9. Name and Address of Current I	Registered Agent	-		TO. Name and Address	Of Item Itegistered	7190	
		Lar Salar.	81	Name				
LU, ZENGHUA \$\$\frac{1}{204}\frac{1}{18}\frac{1}{2}\fra				Street Addr	ress (P.O. Box Number is No	ot Acceptable)		
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								12.50
					1,145_6	<u> </u>	85 Zip Co	nde
			84	City		FI	L 55 25	
er your colons	o the provisions of Sections 607.0502		Ab a lab according	nomed coz	poration submits this stateme	ent for the purpose (of changing its n	egistered
Pursuant to	o the provisions of Sections 607.0502 gistered agent, or both, in the State of	and 607.1508, Florida Statutes Florida, Such change was suff	norized by	the corporati	on's board of directors. I her	eby accept the appo	ointment as regi	sterea
office or re	gistered agent, or both, in the State of n familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	š .				
agent. i an	Transition with a second second				<u></u>			
GNATURE	Signature, typed or printed name of registered agent of	and title if applicable. (NOTE: R	egistered Ager	nt signature require	ed when reinstating)	DATE	NO DIRECTOR	S IN 12
	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS A	☐ Change	Addition
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officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attachmen

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