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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	The state of the s							
DOCUMENT # 1. Corporation Name	P95000020587 (8)							
PEARL RIVER GROUP, INCORPORATED								
	or y moon on the							
Principal Place of Business	Mailing Address							



Principal Place of Busines	SS .	Mailing Address					a:ı aaığı gilg: (Ell) (04: 164)
732 MINERVA LANE LAKE MARY FL 32746	3	732 MINERVA LANE LAKE MARY FL 327					
					3. Date Incorporated or Qualific	ed 3a. Date	of Last Report
2. Principal Place of Busi	ness	2a. Mailing Address	,		4. FEI Number		Applied For
21		26			59-300506	.3	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
23	Country	28	T 0:		Trust Fund Contribution	<u> </u>	Added to Fees
24	25	Zip 29	30 Coun	try	This corporation has liability Florida Statutes		k under s. 199.032,
	e and Address of Current		1001		10. Name and Address of Ne		aent
				Name -			
Wu, kai j			ļ.		TSZ YAW CHAN ress (P.O. Box Number is Not Accer	=	
732 MINERVA L			<u> </u> '	SIPPEL AGUI	ess (F.O. BOX NUMBER IS NOT ACCE).	лаон	
LAKE MARY FL	32746		Ī	33 2356	E. SEMORAN B	(1/1)	
			ŀ	14 00			85 Zip Code _
			[1 HATE	SPKA.	FL	125742
 Pursuant to the provision registered agent, or 	sions of Sections 607,0502 in both, in the State of Florid.	and 607.1508, Florida Statut a. Such change was authoriz	ies, the abov	e-named corpor	ation submits this statement for the	purpose of char	nging its registered office
familiar with, and acc	ept the obligations of, Section				rd of directors. I hereby accept the a		
SIGNATURE	tot		& SIDER			4-1.	2-96
12.	d or printed name of registered agent a OFFICERS AND		13.	gent signature required	d when reinstating) ADDITIONS/CHANGES TO (DATE	
TITLE PD		DELETE	1. 1 7(1)	Ē Ī	ADDITIONS/CHANGES TO		Change Addition
	HEL CHARL		1.2 NAN			L.	1 Griange [] Adolphi)
STREET ADDRESS 3356	HU CHAN E. SEMORAN BLV	D		EET ADDRESS			
CITY-SI-ZIP APOD	KA, FL32703			- ST-ZIP			
TITLE		☐ DELETE	2 1 111			r -	Change Addition
NAME			2.2 NAN	IE		_	,
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-S1-ZIP				-ST-ZIP			
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NAME			3.2 NAN	ε		•	· -
STREET ADDRESS			3.3 STR	EET ADDRESS			
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NAME			4.2 NAM	E			
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NAME			5.2 NAM	E			
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CITY-S1-ZIP			5 4 CHTY	-ST-ZIP			
TITLE		☐ DELETE	6. 1 TITL	E			Change
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	- ST- ZIP			

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

SIGNATURE: 4- Je- Clark, PRESIDER	h 4-15-96	(407)884-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #