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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000040733 (4)

EVERGREEN OF CRYSTAL RIVER, INC.

Mailing Address

## **FILED** Mar 26 1997 8:00am Secretary of State



490 NORTH SUN COAST BLVD. CRYSTAL RIVER FL 34429		490 NORTH SUN COAST BLVD. CRYSTAL RIVER FL 34429-5467					
					3. Date incorporated or Qualified 05/19/1995	3a. Date of Last 05/01/1996	Report
2. Principal Place of Business Dec 2a. Mailing Address 490 N.				WOOA			Applied For
21 EVERGREEN REST. 26 BLVD.					59-3316594		Vot Applicable
Suite, Apt #, etc. Suite, Apt #, etc. 22					6. Certificate of Status Desired		Additional Required
			RIVE	e Fl	6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
210 24 3 4	42 Country 42 C17Rus	29 34429	Countr 30 C / 7	Rus		Yes No	s. 199.032,
	9. Name and Address of Current	Registered Agent		1 1	10. Name and Address of New Re	gistered Agent	
15UI, JENNT				81 Name SAME			
490 NORTH SUN COAST BLVD. CRYSTAL RIVER FL 34429				82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		FL 85 Zip	o Code
11. Pursuant	to the provisions of Sections 607.0502	arıd 607.1508, Florida Statut	tes, the abov	e-named co	orporation submits this statement for the p	urpose of changing	its registered
onice or n agent La	egistored agent, or both, in the State on familiar with, and accept the obligat	r Florida. Such change was ions of, Seption 607.0505, Fl	autnorizea b orida Statute	y tne corpo s.	ration's board of directors. I hereby accep		•
SIGNATURE	Septitive types of International registered agent	KUO G	1060	100	350-ナフョ	-20.91	
				ent algnature (u	quired when Jainstating)	DATE	
12.	OFFICERS AND	DELETE	13.	—— <u> </u>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
Title	LONG KIIO H		11 TITLE			Onlings	
NAME	LONG, KUO H		1.2 NAME				
STREET ADDRESS	490 NORTH SUN COAST BLVD. CRYSTAL RIVER FL 34429		ı	7 ADDRESS			}
CITY+ST-ZIP TITLE	S	DELETE	1.4 CITY- 2.1 TITLE	SI-ZIP		Change	Addition
NAME	TSUI, JENNY		2.2 NAME			Land Orlange	
STREET ADDRESS	490 NORTH SUN COAST BLVD.			T ADDRESS			1
COLY - ST - ZIP	CRYSTAL RIVER FL 34429		2. 4 CITY				
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NAME		<u> </u>	3.2 NAME		· ·		
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NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			l
CHY-SI-718			5.4 CITY -	ST-ZIP			
1011		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	[			
STREET ADDRESS			6.3 STREE	T ADDRESS			J
City+ST-ZIP			6.4 CITY-	ST-ZIP			
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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 it 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

SIGNATURE: