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 # 1. Corporation Name P95000044700 (9)

SOON SING, INC.

Principal Place of Business

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



| 4900 LINTON BOULEVARD DELRAY BEACH FL 33445 | | 4900 LINTON BOULEVARD DELRAY BEACH FL 33445 | | | DO NOT WRITE IN TH | IIS SPACE | | | |
|--|--|--|--------------------|---------------------|---|-----------------------------|-----------------------------------|-----|--|
| | | | | | 3. Date Incorporated or Qualified 06/09/1995 | | | | |
| Principal Pl | ace of Business | 2a. Mailing Address | | | 4, FEI Number | L. | Applied For | | |
| 21 9/0/ | AKERIDGE BLND. | | | | 65-0711509 Not | | Not Applicable | 3 | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | • • | \$8.75 Additional Fee Required | | |
| Cip & State | RATON, FZ | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | |
| 24 Zip 334 | | Zip 29 | Count 30 | ry | 8. This corporation owes or has paid the Personal Property Tax due June 30. | Yes | Intangible No | | |
| | 9. Name and Address of Current | Registered Agent | | <u> </u> | 10. Name and Address of New Register | ed Agent | | _ | |
| NAI | rdotti, anthony m | | 8 | 1 Name | | | | | |
| 160 Sul | H-BELVEDERE ROAD 3389/ TE-402-8 | W. WOOLBRIGHT | F K D 8 | | dress (P.O. Box Number is Not Acceptable) | | | 1 | |
| W€ | TE 402-S ST PALM BEACH FL 99400- B. | YATON BON, FO | | | | | | | |
| | | 32 | 8 954 | 4 City | F | L 85 Z | ip Code | | |
| office or re | o the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obliga | of Florida. Such change wa | s authorized (| by the corpora | poration submits this statement for the purpos ation's board of directors. I hereby accept the | e of changin appointment | g its registered as registered | | |
| SIGNATURE | Signature, typed or printed name of registered ager | d and tria if non-hooks | OTC: Basistanad A | nont signature ser | uired when reinstating) DAT | , | | | |
| 12. | OFFICERS AND | | 13. | igent algranma tedr | ADDITIONS/CHANGES TO OFFICERS A | | OBS IN 12 | -15 | |
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| CITY-ST-ZIP | DELRAY BEACH FL 33445 | | 1.4 CITY | | | | | Ğ | |
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14. Thereby 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 information indicated on this annual report or suppliemental 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 chapged, or on an attachment with an address.