

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

DOCUMENT # **P95000051842 (9)**

1. Corporation Name
GOLDEN TRUST MANAGEMENT INC.



Principal Place of Business: **7044 BURNWAY DRIVE ORLANDO FL 32669**
Mailing Address: **7044 BURNWAY DRIVE ORLANDO FL 32669**

3. Date Incorporated or Qualified: **06/30/1995**
3a. Date of Last Report: **06/30/1995**
4. FEI Number: **59-3319993**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 238 Towne Center**
State, Apt. #, etc.: **22 Circle K - 11**
City & State: **23 Sanford FL 32771**
Zip: **24** Country: **25**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**CHEW, CHRISTINE
8747 WITTENWOOD COVE
ORLANDO FL 32836**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	JIN-HSIN CHENG	
STREET ADDRESS	7534 PINE MOUNT	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	JIN-HSIN CHENG	
3. STREET ADDRESS	7534 PINE MOUNT DR	
4. CITY-ST-ZIP	ORLANDO FL 32814	
5. TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	HON-CHANG CHEN	
7. STREET ADDRESS	8060 RIVIERA RETREAT CT	
8. CITY-ST-ZIP	ORLANDO FL 32814	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. 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: **X Hon Chang Chen - HON-CHANG CHEN** 4/26/96 (407) 3281836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in Print)

CR2E034 (12/95)