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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

Feb 10 1998 8:00am Sandra B. Mortham

| ANNL                          | ANNUAL REPORT Secretary of State  |   |                               |                             |                       | Sagratory of State   |   |                                       |  |
|-------------------------------|---|---|-------------------------------|-----------------------------|-----------------------|--|---|---------------------------------------|--|
|                               | 1998  | DIVISION OF CO  | DIVISION OF CORPORATION       |                             |                       | Secretary of State   |   |                                       |  |
| DOCUI<br>1. Corporation       | MENT # P9500  | 0060209 (0)   |                               |                             |                       |  |   |                                       |  |
| neihu investments, inc.       |   |   |                               |                             |                       |  |   |                                       |  |
|                               |   |   |                               |                             |                       |  | Beile (III) (II                             |                                       |  |
| Principal Plac                | a of Business   | Mailing Address   |                               |                             |                       | -  | <b>                                    </b> |                                       |  |
| 4951 BACOPA                   |   |   | 5901 SUN BLVD                 |                             |                       | į  |   |                                       |  |
| <del></del>                   |   | SUITE #202  | SUITE #202                    |                             |                       | DO NOT WEITE IN THE  | 20105                                       |                                       |  |
| - <del>8T. PETE</del> RGB     | URG FL-33715  |   | ST. PETEASBURG FL 33715<br>US |                             |                       | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  |   |                                       |  |
| <del></del>                   |   | 00  |                               |                             |                       | 08/02/1995   |   |                                       |  |
|                               | lace of Business  | 2s. Mailing Address   |                               |                             |                       | 4. FEI Number  | Ap  | plied For                             |  |
|                               | 590/ SUN Blvd   26  |   |                               |                             |                       |  | t Applicable                                |                                       |  |
| Suite, Apt.                   | <u> </u>  |   |                               |                             |                       | 5. Certificate of Status Desired   | \$8.75 /<br>Fee Re                          |                                       |  |
| 22                            |   |   |                               |                             |                       | 6. Election Campaign Financing   | \$5.00                                      | <del></del>                           |  |
| · ,                           | Petersburg FL   | 28  |                               |                             |                       | Trust Fund Contribution  | Added t                                     |                                       |  |
| Zip                           | Country   | Ζφ  | Coun                          | try                         |                       | 8. This corporation owes or has paid the curr  | rent year Int                               | angible                               |  |
| 24 337                        |   |   | 30                            |                             |                       |  |   | 2 No                                  |  |
|                               | g, Name and Address of Currer   | nt Hegistered Agent   |                               | 31 Nan                      |                       | 10. Name and Address of New Registered   | 1gent                                       |                                       |  |
|                               | rger, miriam<br>D1 Sun BLVD   |   |                               |                             |                       |  |   |                                       |  |
| #202                          |   |   |                               | 32 Stre                     | et Addre              | ss (P.O. Box Number is Not Acceptable)   |   |                                       |  |
| ST PETERSBURG FL 33715        |   |   |                               | 33                          |                       |  |   |                                       |  |
|                               |   |   | }                             | 34 City                     |                       |  | 85 Zip (                                    | Code                                  |  |
|                               |   |   |                               | '                           |                       | <u>FL</u>  | 1-1   |                                       |  |
| 11. Pursuant office or re     | to the provisions of Sections 607 050<br>egistered agent, or both, in the State | 02 and 607.1508, Florida Statute:<br>: of Florida: Such change was au | s, the about<br>Uthorized     | ove-nam<br>by the c         | ed corpo<br>orporatio | oration submits this statement for the purpose of<br>on's board of directors. I hereby accept the app  | changing it<br>ointment as                  | s registered<br>registered            |  |
|                               | m familiar with, and accept the oblig   | ations of, Section 607.0505, Flor                                     | ida Statu                     | tes.                        |                       |  |   |                                       |  |
| SIGNATURE                     | Stynature, typed or printed name of regulation are                              | ent and talle it apple after (NOTE                                    | Registered .                  | Agent signa                 | ture required         | d when reinstating) DATE   |   |                                       |  |
| 12.                           |   | ID DIRECTORS  | 13.                           |                             |                       | ADDITIONS/CHANGES TO OFFICERS AND  |   |                                       |  |
| TITLE                         | •   | D DELETE 1.1  |                               |                             | Į.                    |  | Change                                      | Addition                              |  |
| NAME                          | TOTAL OURS DISTRICT   |   |                               | 1.2 NAME                    |                       |  |   |                                       |  |
| STREET ADDRESS                | ST. PETERSBURG FL   |   |                               | EET ADDRES                  | ·s                    |  |   |                                       |  |
| CITY-ST-ZIP<br>TITLE          | ······································  |   |                               | 14 City-St-ZiP<br>2.1 Tifle |                       |  | Change                                      | Addition                              |  |
| NAME                          | LING, AMY H   |   | 2.2 NAM                       | 1E                          | -                     |  | _   |                                       |  |
| STREET ADDRESS                | 5901 SUN BLVD. #202   |   | 2.3 STR                       | EET ADDRES                  | is                    |  |   |                                       |  |
| CITY-ST-ZIP                   | ST. PETERSBURG FL   |   | 2.4 CIT                       | Y-ST-ZIP                    |                       |  |   |                                       |  |
| TITLE                         | _   |   | 3 1 TITL                      |                             |                       |  | Change                                      | Addition                              |  |
| NAME                          |   |   | 3.2 NAM                       |                             | .                     |  |   |                                       |  |
| CITY-ST-ZIP                   |   |   |                               | EET ADDRES<br>Y-ST-ZIP      | »                     |  |   |                                       |  |
| TITLE                         |   | DELETE  | 41 TITL                       |                             | +                     |  | ☐ Change                                    | Addition                              |  |
| NAME                          |   |   | 4. 2 NA)                      | ME                          |                       |  |   |                                       |  |
| STREET ADDRESS                |   |   | 4.3 STR                       | EET ADDRES                  | is                    |  |   |                                       |  |
| CITY-ST-ZIP                   |   | ······································                                | -                             | - ST - ZIP                  |                       |  |   | · · · · · · · · · · · · · · · · · · · |  |
| TITLE                         |   | DELETE  | 5.1 TITL                      |                             |                       | The second secon | ☐ Change                                    | L_ Addition                           |  |
| NAME CERCET ADDOCCO           |   |   | 5.2 NAM                       |                             |                       | *· <b>*</b>  |   | ſ                                     |  |
| STREET ADDRESS<br>CITY-ST-ZIP |   |   |                               | EET ADDRES<br>'- St- Zip    | 10                    |  |   |                                       |  |
| TITLE                         |   | DELETE  | 6.4 CITU                      |                             |                       |  | Change                                      | Addition                              |  |
| NAME                          |   | property :  | 62 NAM                        |                             |                       |  | -   | · ]                                   |  |
| STREET ADDRESS                |   |   |                               | ET ADDRES                   | s                     |  |   |                                       |  |
| CITY-ST-ZIP                   |   |   | 6.4 CITY                      | - ST - ZIP                  |                       |  |   |                                       |  |

14. Thereby certify that the information supplied with this filling 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 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 or an attachment with an address

SIGNATURE:

CHUNG M. Ling Cam. 22, 1998, \$64,1583

SIGNATURE:

CHUNG M.

**FILED**