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

**CORPORATION** ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

P95000076606 (9)

Principal Place 7882 SAILB	of Business OAT KEY BLVD #304 SADENA FL 33707	Mailing Address 7882 SAILBOAT KEY SOUTH PASADENA		·			
					3. Date incorporated or Qualified 10/06/1995	3a. Date of	Last Report
2. Principal Place of Business		2a. Mailing Address 26			4. FET Number 59 - 33432	47	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>				Not Applicable  \$8.75 Additional
2		27			5. Certificate of Status Desired	[] []	Fee Required
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	[]	<b>\$5.00</b> May Be
Zip	Country	Zip	Count	<del>_</del>	8. This corporation has liability for i		Added to Fees
4	25	29	30		Florida Statutes	[]]No	
	9. Name and Address of Cu	rrent Hegistered Agent	··	1 Name	10. Name and Address of New R	egistered Ag	ent
YIMIN,	TERRY A			ļ			
7882 S	AILBOAT KEY BLVD., #304		8	2 Street Add	ess (P.O. Box Number is Not Acceptable)		
SOUTH	PASADENA FL 33707		8	3			
•			8-	1 City			85 Zip Code
11 Pursuant to	the provisions of Sections 607.0	502 and 607 1502 Clasida Statut	on the above	<u></u>	oration submits this statement for the pur and of directors. Thereby accept the appo		
SIGNATURE S 12. TILE	Sgriature, typed or printed name of registerent OFFICERS D YIMIN, TERRY A	gond and lette of any disable (NC AND DIRECTORS	13. 1. 1 TULE		ADDITIONS/CHANGES TO OFFI		RECTORS IN 72 Change Addition
7882 SAILBOAT KEY BLVD., #304			1.2 NAME 1.3 STREET ADDRESS				
DITY-ST-ZIF	SOUTH PASADENA FL 3	3707	14 CITY -				
PILE [		DELETE 5			Change Add		Change Add-tion
JMKI ASSESSE			2.2 NAME				
THEFT ADDRESS				FADDRESS			
ITLE			2 4 CITY - 3 1 TITLE				Change Addition
AME			3.2 NAME				
IREET ADDRESS			3.3 STRE	ET ADDRESS			
11Y-\$1-7IP 1FLE		DESFTE	3.4 CITY-	ST-ZIP	<u> </u>	i Singapara Singapara	
IAME			4 1 THEE		<b>6000017</b> 6 -04/03/360100	36018	Livinge
TREET ADDRESS				I ADDRESS	***200.00		
1TY - ST - ZIP			4.4 CiTY -				
TLF	·····	☐ DELETE	5 1 TILLE			C	hange
AME .			5.2 NAME				
TREET ADDRESS			ì	LADDRESS .			
11Y - \$1 - 21P 1LE		☐ DELETE	5 4 CITY -	\$1 - ZIP			hanna Tarar
AME		[ DECENT	6 1 TITLE 6 2 NAME			L] C	hange
				r annerss			
Certify trian t	ne information indicated on this a	nnuai rebori or subblementa: anni	640/TY- ished and docual report is tr	es not qualify up and accura	for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flor	ania laast affa.	ot se if made

SIGNATURE: \_\_\_

BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 (813)384-6000