

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

FILED

Apr 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000005144 (6)**

1. Corporation Name  
**GOLD HARBOUR INC.**

Principal Place of Business <b>80 HUNTERS TRAIL LONGWOOD FL 32779</b>	Mailing Address <b>80 HUNTERS TRAIL LONGWOOD FL 32779-0794</b>
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2. Principal Place of Business 21 <b>627 A HOFFNER AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>Orlando FL</b> Zip 24 <b>32809</b> Country 25 <b>Orange</b>	2a. Mailing Address 26 <b>627 A HOFFNER AVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>Orlando FL</b> Zip 29 <b>32809</b> Country 30 <b>Orange</b>
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3. Date Incorporated or Qualified <b>01/17/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3365686</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CHU, BUT-SHEE**  
**80 HUNTERS TRAIL**  
**LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name <b>FONG CHUN NG</b>	85 Zip Code <b>32792</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5608 GARDEN GROVE Circle</b>	
83	
84 City <b>WINTER PARK</b>	85 <b>FL</b>

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/27/97**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>CHU, BUT-SHEE</b> <b>80 HUNTERS TRAIL</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <b>CHU, GRACEY</b> <b>80 HUNTERS TRAIL</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD <b>NG, FONG CHUN</b> <b>5608 GARDEN GROVE Circle</b> <b>WINTER PARK FL 32792</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	STD <b>NG, RACHEL T</b> <b>5608 GARDEN GROVE Circle</b> <b>WINTER PARK FL 32792</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby 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 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:

SIGNATURE REQUIRED

**1/27/97**

Date

Daytime Phone #

CR2E034 (9/96)