Apr lied For

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000013650

1. Corporation Name

SINGULAR INTERNATIONAL DEVELOPMENT, INC.

| Principal | Pace | of | Business |
|-----------|------|----|----------|
|-----------|------|----|----------|

2. Principal Place of Business

Mailing Address

2605 BANYAN CT. 33-C **TAMPA FL 33613** 

2605 BANYAN CT. 33-C TAMPA FL 33613

2a. Mailing Address

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90129 014 \*\*\*150.00



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|---------------------------|---------------------|---------------------------|----------------------------|--|--|--|
|                           |                     |                           |                            |  |  |  |
|                           |                     |                           |                            |  |  |  |
|                           |                     |                           |                            |  |  |  |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/09/1996 4. FEI Number

| 21  18137  | 7 PALM BRE  | EZE DR.             | [26] [1813]        | 7 PALM           | BREE  | ZE D.            | ₹.         | 59-3360124  |                      | No                                | Applicable           |
|--|---|---------------------|--------------------|------------------|---|------------------|------------|---|----------------------|-----------------------------------|----------------------|
| Suite, Act.  | #, etc.   |                     | Suite, Apt.        | #, etc.          |   |                  |            | 5. Certifoate of Status Desired   |                      | \$8.75 A                          |                      |
| 22   |   |                     | 27                 |                  |   |                  |            |   |                      | Fee Re                            | uired                |
| City & State   |   |                     | City & State       |                  |   |                  | Ì          | 6. Election Campaign Financing  |                      | \$5.00                            |                      |
| 23 TAMPA   | _ <del>`</del>  | <del></del>         | 20                 | A, FL            |   |                  |            | Trust Fund Contribution   |                      | Added to                          | Fees                 |
| Zip  | Court   | try                 | Zip<br>3364        | 7                | Country   |                  | ļ          | 8. This corporation owes the curr   | ent year r           |                                   | ITNo                 |
| 24 33647   |   |                     | 120                |                  | L   |                  |            | Person at Property Tax.   | Janintara -          |                                   | No                   |
|  | 9. Name and Add   | ress of Current I   | Registered Agent   |                  | 81  | Name             |            | 10. Name and Address of New   | <u>registere c</u>   | Agent                             |                      |
| OLI  | ONG J   |                     |                    |                  | "   |                  | Т.         | LONGJIANG   |                      |                                   |                      |
| QI, LONG J<br>2605 BANYAN CT. 33-C<br>TAMPA FL 33613 |   |                     |                    | 82               | 82 Street Acdress (P.O. Box Number is Not Acceptable) |                  |            |   |                      |                                   |                      |
|  |   |                     |                    |                  |   |                  |            |   |                      |                                   |                      |
| I COMI   | FA FE 33013   |                     |                    |                  | 83  | 1 9              | Ω1΄        | 37 PALM BREEZE  | DB.                  |                                   |                      |
|  |   |                     |                    |                  | 84  | City             | U_I        | ST FAUN DICHEAL   |                      | 85 Zip C                          | yde _                |
|  |   |                     |                    |                  | 1 1   | $\mathbf{T}$     | <u>AM</u>  | PA,   | F                    | _     33                          | 647 _                |
| 11. Pursuant   | to the provisions of Se                                       | ctions 607.0502     | and 607.1508, Flo  | rida Statutes, i | the above   | -named cc        | rpora      | ation submits this statement for the<br>s board of cirectors. I hereby acce | purpose of the april | r changing its<br>cintment as rec | registered<br>stered |
| omice crin<br>agent. ai                              | egisterød agent, or boʻ<br>m fa <b>rt</b> iiliar with, and ac | cept the obligation | ns of, Section 607 | .0505, Florida   | Statutes.   | are corpore      | aon a      | S DOGIN OF CHEDIOIS. I HEIDDY BOCK  | F. IIIO app          |                                   | ,                    |
| SIGNATURE  | / \   | ~ > \               |                    |                  |   |                  | 281        | IDENT APR   | . 26,1               | 999                               |                      |
|  | Signature, types or invited nar                               | ··········          |                    | LONG.            |   | t signature requ | red wh     | nerr remaiding)   |                      |                                   |                      |
| 12.  |   | OFFICERS AND        |                    | DELETE           | 13.   |                  |            | ADDITICINS/CHANGES TO OF  | FICERS A             | ND DIRECTO  Change                | F:S IN 12            |
| TITLE  | h   |                     | ı <b>X</b> ı       | DELETE           | 1,1 TITLE   | 1 '              | P<br>o T   | T 0 N G T T N N G   |                      | X Change                          | L] Addition          |
| NAME   | QI, LONGJIANG   |                     |                    |                  | 1.2 NAME  |                  |            | ,LONGJIANG  |                      |                                   |                      |
| STREET ADDRESS                                       | 2605 BANYAN CT  | . <b>33-C</b>       |                    | 4                | 1.3 STREET  |                  |            | 137 PALM BREEZE   | DR.                  |                                   |                      |
| CITY-ST-ZIP  | TAMPA FL 33613  |                     |                    |                  | 1.4 CITY-ST   | -ZIP '           | <u>rai</u> | MPA, FL 33647   |                      |                                   |                      |
| TITLE  | ٧   |                     | K                  | DELETE           | 2.1 TITLE   | 1                | V          |   |                      | X Change                          | ☐ Addition           |
| NAME   | li, yeyan   |                     |                    |                  | 2.2 NAME  | 1:               | LI         | , YEYAN   |                      |                                   |                      |
| STREET ADDRESS                                       | 2605 BANYAN CT  | . 33-C              |                    |                  | 2.3 STREET  | ADDRESS          | 181        | 137 PALM BREEZE   | DR.                  |                                   |                      |
| CITY-ST-ZIP  | TAMPA FL 33613  |                     |                    |                  | 2. 4 CITY-S   | T-ZiP I          | CAI        | MPA, FL 33647   |                      |                                   |                      |
| TITLE  | T   |                     | 귯                  | DELETE           | 3.1 TITLE   |                  | ľ          | ·   |                      | X Change                          | ☐ Addition           |
| NAME   | QING, YU  |                     |                    |                  | 3.2 NAME  |                  | DI         | NG,YU   |                      |                                   |                      |
| STREET ADDRESS                                       | 2605 BANYAN CT  | : 33-C              |                    |                  | 3.3 STREET  |                  |            | 137 palm breeze   | dr.                  |                                   |                      |
| CITY-ST-ZIP  | TAMPA FL 33613  |                     |                    |                  | 3.4. CITY-S   |                  |            | MPA,—FL 33647—  |                      |                                   |                      |
| TITLE  |   |                     |                    | DELETE           | 4.1 TITLE   |                  | - 111      | , 55517   |                      | Change                            | ☐ Addition           |
| NAME   |   |                     |                    | į                | 4. 2 NAME   | ĺ                |            |   |                      |                                   |                      |
| STREET ADDRESS                                       | 1   |                     |                    |                  | 43 STREET   | ADDRESS          |            |   |                      |                                   |                      |
| C/TY-ST-ZIP  |   |                     |                    |                  | 4.4 CITY-ST   | - ZIP            |            |   |                      |                                   |                      |
| TITLE  |   |                     |                    | DELETE           | 51 TITLE  |                  |            |   | _                    | ☐ Change                          | Addition             |
| NAME   |   |                     |                    |                  | 5.2 NAME  | İ                |            |   |                      |                                   |                      |
| STREET ADDRESS                                       |   |                     |                    |                  | 5.3 STREET  | ADDRESS          |            |   |                      |                                   |                      |
| CITY-ST-ZIP  |   |                     |                    |                  | 5.4 CITY-ST   | -ZIP             |            |   |                      |                                   |                      |
| TITLE  |   |                     |                    | DELETE           | 6.1 TITLE   |                  |            |   |                      | Change                            | Addition             |
| NAME .   |   |                     |                    |                  | 6.2 NAME  |                  |            |   |                      |                                   |                      |
| STREET ADDRESS                                       |   |                     |                    |                  | 63 STREET   | ADDRESS          |            |   |                      |                                   |                      |
| CITY-ST-ZIP  |   |                     |                    |                  | 6.4 CITY-ST   | ZIP              |            |   |                      |                                   |                      |
| UIT-SI-ZIP   | i   |                     |                    |                  |   |                  |            |   |                      |                                   |                      |

14. I 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, with all other like empowered.

SIGNATURE:

QI,LONGJIANG

APR.26,1999

813-994-9392