FILED
May 08 1997 8:00am
Secretary of State

**SAMPLE #21**
**REGISTRATION OF ANNI**

*FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.*

CORPORATION
ANNUAL REPORT
199.6

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $61.25 Make Payable To: *Secretary of State*

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT # P96000017629

GENERAL DATA MANAGEMENT SERVICES
4324 Hawks Nest Circle
Lutz, Florida
33549

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address N/A
22 P.O. Box No.
23 City and State
24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 2/26/96

3a. Date of Last Report N/A
4. FEI Number 59-3369207
FEI Number Applied For
FEI Number Not Applicable
5. $8.75 Amount Enclosed
CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

| | 1 Title | 2 Names of Officers and Directors | 3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | 4 City and State |
|---|---|---|---|---|
| 1 | P/T | Patricia Wood | 1201 8th Ave. | Houghton, Mi |
| 2 | VP | Ming Luo | 4324 Hawks Nest | Lutz Fl |
| 3 | S | Shiming Wen | 4324 Hawks Nest | Lutz Fl |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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-05/19/97--01107--046
*****155.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

NationsCorp Registered Agt
526 Park Ave Suite 200
Tallahassee, Florida 32301

8. Name and Address of New Registered Agent

81 Name
82 Street Address 1 (Do NOT Use P.O. Box Number)
83 Street Address 2 (Do NOT Use P.O. Box Number)
84 City FL
85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1506 or Sections 617.0502 and 617.1506, 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 N/A (Registered Agent Accepting Appointment) DATE N/A

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

11. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 6 or an attachment with an address.

SIGNATURE Patricia Wood DATE 4/29/97

Typed Name of Signing Officer or Direct. Patricia Wood
Title President
Telephone Number Daytime (906) 487-5599

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee. ☐

CS
5/8/97