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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600021171 (9)
1. Corporation Name
BEE WIN WARE SOFTWARE CONSULTING, INC.

FILED

Jul 25 1997 8:00am

Secretary of State

rincipal Place of Business	Mailing Address	1 1991(991 (19 (910 9111 9911 9911 9911
390 COVINGTON CREEK CIRCLE WEST ACKSONVILLE FL 32224	2390 COVINGTON CREEK CIRCLE WEST JACKSONVILLE FL 32224-1177	

								3. Date incorporated or Qualified 03/05/1996	SB. Da	ie of Last H	æроп.		
2. Principal P	lace of Business	2a. Ma	26. Mailing Address					4. FEI Number			oplied For		
21		26	26								Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired			\$8.75 Additional Fee Required		
City & Stat	е	Cit	y & State					6. Election Campaign Financing		\$5.00	May Be		
23 28			28					Trust Fund Contribution	Added to Fees				
Ζιp	Country	Z 15)	C	ountry			 This corporation has liability for i 			. 199.032,		
24	25	29		30					Yes _				
	9. Name and Address	of Current Register	d Agent		1		1	0. Name and Address of New Re	gistered #	gent			
	E, HANXAUN				81	Name							
2390 COVINGTON CREEK CIRCLE WEST					82 Street Address (P.O. Box Number is Not Acceptable)								
JAC	XSONVILLE FL 32224												
					63								
					84	City				85 Zip	Code		
						,			FL				
office or agent. La	am familiar with, and accer	nt the obligations of, Se	ection 607.0505, F1	iorida Si	tatutes	i.		tion submits this statement for the p s board of directors. I hereby accep		antmont as	registered		
	Signature: typed or printed harve of					nt signature	required w	hon reinstating)	DATE	DIDECTO	DC INL 10		
12.	T D OFF	ICERS AND DIRECTO		13		r		ADDITIONS/CHANGES TO OFFIC	EHS AND	Change	Addition		
TITLE	CHE, HANXUAN		☐ DELETE		TITLE					LI Grange	Addition		
NAME	2390 COVINGTON C	ADEEK CIDCI E WEG	e T		NAME	ŀ							
STREET ADDRESS	JACKSONVILLE FL 3		,,			ADDRESS							
CITY - ST - ZIP	D D	XXX.		_	CITY-S	T-ZIP				Change	Addition		
TITLE	LI, BI-HUA		DEFERE		TITLE					L Change	L.J Addition		
NAME	2390 COVINGTON C	ADEEN UIDUI E MEG	e r		NAME								
STREET ADDRESS	JACKSONVILLE FL 3		,,	23	STREET	ADDRESS							
CITY - ST - ZIP	JAONSONVILLE FL 3)			4 CITY-	ST-ZIP				TT Change	T Addition		
TITLE			DELETE		TITLE					Change			
NAME					2 NAME								
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP			T or ext	_	LCITY-	ST-ZIP				Change	Addition		
TITLE			DELETE		TITLE					Unange	L_J Adomon		
NAME				4	2 NAME								
STREET ADDRESS]			4.3	STREET	ADDRESS							
CITY-ST-ZIP					4 CITY - S	ST- ZIP	ļ			1 06	10000		
TITLE	ĺ		☐ DELETE		TITLE					Change	■ Addition		
NAME					2 NAME		i						
STREET ADDRESS				1	-	ADDRESS							
CITY-ST-ZIP			- Const		CITY-S	ST - ZIP				Chases			
TITLE			☐ DELETE		1 TITLE					Change	☐ Addition		
NAME					2 NAME		1						
STREET ADDRESS				6.3	3 STREE	ADDRESS							
City-St-7iP				6.4	4 CITY - 5	ST-ZIP							

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.

5/1/97 (904) 221-3140