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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000026548 (3)

COMMERCIAL INSURANCE CORPORATION

FILED Apr 22 1997 8:00am Secretary of State

· · · · · · · · · · · · · · · · · · ·		Mailin	ig Address Hansel Avenue NDO FL 32809-427	8	,*1 <u>.</u>	***************************************				
							3. Date Incorporated or Qualified 03/20/1996	3a. D	ate of Last	Report
2. Principal	Place of Business		ailing Address				4. FEI Number		X	Applied For
21	, i	26				· · · · · · · · · · · · · · · · · · ·				Not Applicable
Suite. Ap	t #, etc.	27 Su	ite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & St	ate	Cr	ty & State				6. Election Campaign Financing	——————————————————————————————————————		0 Мау Ве
23	Country	28					Trust Fund Contribution			d to Fees
Z₁p 24]	Country 25	29 29	P	30 Coul	шу		This corporation has liability for Florida Statutes	r intangible ☐ Yes		s. 199.032,
<u></u>	9. Name and Address of Co		ed Agent				10. Name and Address of New F	legistered	Agent	
XU	, XIAO BING				91 Na	me				
5705 HANSEL AVE			}	82 St	eet Addre	dress (P.O. Box Number is Not Acceptable)				
OR	ILANDO FL 32809			-	83					
				}			· · · · · ·			
				Ţ	84 C	У		FL	8 5 Zi	p Code
11. Pursuar	it to the provisions of Sections 607	7.0502 and 607.	1508, Florida Stat	tutes, the at	ove-na	ned corpo	oration submits this statement for the on's board of directors. I hereby acc	purpose o	changing	its registered
office of	r registered agent, or both, in the - - am familiar with , and accept the c	State of Florida.	Such change wa	s authorized	Dy the	corporate	on a board of directors. I hereby acc	ept the app	oominient i	as registered
ugon i	a maining with, the decept the	opiigalions of, 56	ection 607.0505 ₁ .	Florida Stati	nes.					
				FIORIDE STEET	nes.					
SIGNATURE	Signature Appeal or provid name of register	ered agent and titlo if ap	opticable. (N	OTE: Registered			d when reinstating)	DATE		
SIGNATURE	Signature hypertor providinance of register OFFICERS		opt-cable. (N DRS	OTE: Registered	Agent sig			DATE	O DIRECTO	DRS IN 12
SIGNATURE 12. IIILE	Segnatur Types of point disanced register OFFICERS	ered agent and titlo if ap	opticable. (N	OTE: Registered	Agent sig		d when reinstating)	DATE		DRS IN 12
SIGNATURE 12. THEF NAME	Signature bywer or provide once of register OFFICERS D ZHANG, JANA N	ered agent and titlo if ap	opt-cable. (N DRS	OTE: Registered 13. 1.1 III	Agent sig LE ME	nature raquire	d when reinstating)	DATE	O DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE	ered agent and titlo if ap	opt-cable. (N DRS	13. 1.1 III 1.2 NA 1.3 ST	Agent sig LE ME HEET ADDI	nature raquire	d when reinstating)	DATE	O DIRECTO	DRS IN 12
SIGNATURE 12. HILE NAME STREET ADDRESS CITY ST-ZIP	Signature bywer or provide once of register OFFICERS D ZHANG, JANA N	ered agent and titlo if ap	npicable. (N DRS DELETE	13. 1.1 III 1.2 NA 1.3 ST 1.4 Ct	Agent sig LE ME HEET ADDI 'Y-ST-ZIF	nature raquire	d when reinstating)	DATE	D DIRECTO	DRS IN 12 a Addition
SIGNATURE 12. HITEF NAME STREET ADDRESS CITY - ST - ZIP HILE	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE	ered agent and titlo if ap	opt-cable. (N DRS	13. 1.1 111 1.2 NA 1.3 ST 1.4 Ct 2.1 111	Agent sig LE ME HEET ADDI Y-ST-ZIF LE	nature raquire	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	O DIRECTO	DRS IN 12 a Addition
SIGNATURE 12. ITTEF NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	npicable. (N DRS DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 CC 2.1 TO 2.2 NA	Agent sig LE ME REET ADDI Y-ST-ZIF LE	nature raquire	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	DRS IN 12 a Addition
SIGNATURE 12. IITEE NAME SIREET ADDRESS TITLE NAME SIREET ADDRESS	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	npicable. (N DRS DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 Ct 2.1 111 2.2 NA 2.3 ST	Agent sig LE ME HEET ADDI Y-ST-ZIF LE ME	nature raquire	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	DRS IN 12 a Addition
SIGNATURE 12. IITEE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIF	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	opicable. (N PRS DELETE DELETE	13. 1.1 Till 1.2 NA 1.3 ST 1.4 Ct 2.1 Till 2.2 NA 2.3 ST 2.4 Ct	Agent sig LE ME HEET ADDI 'Y-ST-ZIF LE ME REET ADDI IY-ST-ZI	nature raquire	d when reinstating)	DATE	O DIRECTO Chang	DRS IN 12 Addition
SIGNATURE 12. IITEF NAME SIREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IF TITLE	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	npicable. (N DRS DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 CR 2.1 TII 2.2 NA 2.3 ST 2. 4 CR 3.1 TII	Agent sig LE ME REET ADDI Y-ST-ZIF LE ME REET ADDI IY-ST-ZI	nature raquire	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	DRS IN 12 Addition
SIGNATURE 12. IITEF NAME SIREET ADDRESS CITY-SI-2IP TITLE NAME SIREET ADDRESS CITY-51-2IF TITLE NAME	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	opicable. (N PRS DELETE DELETE	13. 1.1 111 1.2 NA 1.9 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA	Agent sig LE ME HEET ADDI Y-ST-ZIF LE ME REET ADDI IY-ST-ZI LE ME	ESS TO SESS O	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	O DIRECTO Chang	DRS IN 12 Addition
SIGNATURE 12. IITEF NAME SIREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIF TITLE NAME STREET ADDRESS	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	opicable. (N PRS DELETE DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 C(1) 2.2 NA 2.3 ST 2.4 C(1) 3.1 T(1) 3.2 NA 3.3 ST	Agent sig LE ME HEET ADDI Y-ST-ZIF LE ME REET ADDI 1Y-ST-ZI LE ME	ESS T2250	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	O DIRECTO Chang	DRS IN 12 Addition
SIGNATURE 12. THEF NAME SIREET ADDRESS CITY-SI-2IP THEE NAME SIREET ADDRESS CITY-SI-2IF THEE NAME STREET ADDRESS CITY-SI-2IF	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	opicable. (N PRS DELETE DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 C(1) 2.2 NA 2.3 ST 2.4 C(1) 3.1 T(1) 3.2 NA 3.3 ST	Agent sig LE ME HEET ADDI Y-ST-ZIF LE ME REET ADDI TY-ST-ZI LE ME REET ADDI TY-ST-ZI	ESS T2250	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	O DIRECTO Chang	DRS IN 12 Addition Addition
SIGNATURE 12. DITE NAME SIREET ADDRESS CITY-SI-2IF TITLE NAME SIREET ADDRESS CITY-SI-2IF TITLE NAME STREET ADDRESS CITY-SI-2IF TITLE NAME STREET ADDRESS CITY-SI-2IF TITLE	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.9 ST 1.4 C(1) 2.2 T(1) 2.2 NA 2.3 ST 2.4 C(1) 3.1 T(1) 3.2 NA 3.3 ST 3.4 C(1)	Agent sig LE ME HEET ADDI Y-ST-ZIF ME REET ADDI IY-ST-ZI LE ME REET ADDI IY-ST-ZI LE	ESS T2250	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Chang	ORS IN 12 Addition Addition
SIGNATURE 12. DITE NAME STREET ADDRESS CITY: ST- ZIP TITLE NAME STREET ADDRESS CITY: ST- ZIF TITLE NAME STREET ADDRESS CITY: ST- ZIF TITLE NAME STREET ADDRESS CITY: ST- ZIF TITLE NAME	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 Ct 2.1 111 2.2 NA 2.3 ST 2.4 Ct 3.1 Ttl 3.2 NA 3.3 ST 3.4 Ct 4.1 Ttl	Agent sig LE ME REET ADDI Y-ST-ZIF LE ME REET ADDI LE ME REET ADDI LE ME REET ADDI LE ME	ESS TO SESS OF	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Chang	ORS IN 12 Addition Addition
SIGNATURE 12. IDTE NAME SIREET ADDRESS CITY: SI- ZIP TITLE NAME SIREET ADDRESS CITY: SI- ZIF TITLE NAME STREET ADDRESS CITY: SI- ZIP TITLE NAME SIREET ADDRESS	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 Ct 2.1 111 2.2 NA 2.3 ST 2.4 Ct 3.1 Til 3.2 NA 3.3 ST 3.4 Ct 4.1 Til 4.2 N. 4.3 ST	Agent sig LE ME REET ADDI LE ME REET ADDI LE LE LE LE ME REET ADDI LE AME	ESS DESS	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Chang	ORS IN 12 Addition Addition
SIGNATURE 12. IITEE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIF TITLE STREET ADDRESS CITY-SI-ZIF TITLE TITLE STREET ADDRESS CITY-SI-ZIF TITLE NAME	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 Ct 2.1 111 2.2 NA 2.3 ST 2.4 Ct 3.1 Til 3.2 NA 3.3 ST 3.4 Ct 4.1 Til 4.2 N. 4.3 ST	Agent sig LE ME REET ADDI LE ME REET ADDI LI LE ME REET ADDI LI LE ME REET ADDI LI LE ME REET ADDI LI LE ME REET ADDI LI LI LI LI LI LI LI LI LI L	ESS DESS	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Chang	DRS IN 12 a
SIGNATURE 12. DITE NAME STREET ADDRESS CITY-SI- ZIP TITLE NAME STREET ADDRESS CITY-SI- ZIP	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 Ct 2.1 111 2.2 NA 2.3 ST 2.4 Ct 3.1 Ttl 3.2 NA 3.3 ST 3.4 Ct 4.1 Ttl 4.2 N. 4.3 ST	Agent sig LE ME REET ADDI LE ME REET ADDI LE LE EXECT ADDI LE AME REET ADDI LE AME REET ADDI LE LE LE LE LE LE LE LE LE LE	ESS DESS	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Chang	DRS IN 12 a
SIGNATURE 12. ITTE NAME STREET ADDRESS CITY ST- ZIP TITLE	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 C(1) 2.2 NA 2.3 ST 2.4 C(1) 3.1 111 3.2 NA 3.3 ST 3.4 C(1) 4.1 T(1) 4.2 N. 4.3 ST 4.4 C(1) 5.1 T(1) 5.2 NA	Agent sig LE ME REET ADDI LE ME REET ADDI LE LE EXECT ADDI LE AME REET ADDI LE AME REET ADDI LE LE LE LE LE LE LE LE LE LE	ESS DESS O	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Chang	DRS IN 12 a
SIGNATURE 12. ITTE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 C(1) 2.2 NA 2.3 ST 2.4 C(1) 3.1 T(1) 3.2 NA 3.3 ST 3.4 C(1) 4.2 NA 4.3 ST 4.4 C(1) 5.1 T(1) 5.2 NA 5.3 ST	Agent sign LE ME REET ADDI LE MME REET ADDI LE MME REET ADDI LE MME MME MME MME MME MME	ESS DESS DESS	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO Chang	DRS IN 12 a
SIGNATURE 12. IITEE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 C(1) 2.2 NA 2.3 ST 2.4 C(1) 3.1 T(1) 3.2 NA 3.3 ST 3.4 C(1) 4.2 NA 4.3 ST 4.4 C(1) 5.1 T(1) 5.2 NA 5.3 ST	Agent sign LE ME REET ADDI LY-ST-ZI REET ADDI LY-ST-ZI REET ADDI LY-ST-ZI REET ADDI LY-ST-ZI REET ADDI LY-ST-ZI REET ADDI	ESS DESS DESS	HANG X.H. 705 HANSEL AVE	DATE	DIRECTO Chang Chang Chang	DRS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. IITEE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	DELETE DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 C(1) 2.2 T(1) 2.2 NA 2.3 ST 2.4 C(1) 3.1 T(1) 3.2 NA 3.3 ST 3.4 C(1) 4.2 NA 4.3 ST 4.4 C(1) 5.1 T(1) 5.2 NA 5.3 ST 5.4 C(1)	Agent sign LE ME REET ADDI LE ME REET ADDI LE ME REET ADDI LE LE ME REET ADDI LE ME REET ADDI LE ME REET ADDI LY-ST-ZI LE ME REET ADDI LE ME LE ME LE ME LE ME LE ME LE ME LE L	ESS DESS DESS	HANG X.H. 705 HANSEL AVE	DATE	DIRECTO Chang Chang Chang	DRS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. ITTE NAME STREET ADDRESS CITY: ST- ZIP TITLE NAME STREET ADDRESS CITY: ST- ZIP TITLE AAME STREET ADDRESS CITY: ST- ZIP TITLE NAME STREET ADDRESS CITY: ST- ZIP TITLE	OFFICERS D ZHANG, JANA N 5705 HANSEL AVENUE ORLANDO FL 32809	ered agent and titlo if ap	DELETE DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 ST 1.4 C(1) 2.1 T(1) 2.2 NA 2.3 ST 2.4 C(1) 3.1 T(1) 3.2 NA 4.1 T(1) 4.2 NA 4.3 ST 4.4 C(1) 5.1 T(1) 5.2 NA 5.3 ST 5.4 C(1) 6.1 T(1) 6.2 NA	Agent sign LE ME REET ADDI LE ME REET ADDI LE ME REET ADDI LE LE ME REET ADDI LE ME REET ADDI LE ME REET ADDI LY-ST-ZI LE ME REET ADDI LE ME LE ME LE ME LE ME LE ME LE ME LE L	ESS DESS DESS	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO Chang Chang Chang	DRS IN 12 Addition Addition Addition Addition 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97 (407)851-1008

0089331