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

**PROFIT** CORPORATION ANNUAL REPORT ~ `1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000052018 (4)

TIMING STAR, INC.

**FILED** Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					n janijans inn saita destr antil destr antil destr antil till tall bester i filst 1001		
11401 PINES BLVD. #512 11401 PINES BL PEMBROKE PINES FL 33026 PEMBROKE PINE					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 06/17/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied F	For
21		26			65-0675799	Not Appli	icable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition Fee Required	
City & State		City & State			6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	,	8. This corporation owes or has paid th		
24 25		29	30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current	_ 1,			10. Name and Address of New Registe	ered Agent	
VA	NNH, DIEU		81	Name			
11	401 PINES BLVD. #512		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PE	EMBROKE PINES FL 33026		63				
			84	City		85 Zip Code	
						FL	
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations are supported to the second sections.	and 607.1508, Florida Stati of Florida Such change was lions of, Section 607.0505, F	utes, the above authorized by Florida Statutes	3-named corpora 7 the corpora 3.	poration submits this statement for the purpo- ation's board of directors. I hereby accept the	)se of changing its registe appointment as registe	tered ∍red
SIGNATURE	Signature, typed or printed name of registered agen	Landania di Tala	ME Deciment to	at element as	ulred when reinstating) Dr	ATE	
12.	OFFICERS AND		13.	ur signature redu	ADDITIONS/CHANGES TO OFFICERS		2
TITLE	P	DELETE	1.1 TITLE		ADDITIONO/OTTANOED TO OTT TOENS	Change A	
NAME	VANH, DIEU		1.2 NAME	}			
STREET ADORESS	11401 PINES BLVD. #512		1.3 STREET	ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33026		1.4 CITY - S	1			
TITLE	VP	☐ DELETE	2.1 TITLE			Change A	ddition
NAME	WAI POON, CHUN		2.2 NAME				
STREET ADDRESS	11401 PINES BLVD. #512		2.3 STREET	ADORESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33026		2. 4 CITY-	3T-ZIP			
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NAME			3.2 NAME	}			
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STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP			4.4 CITY+S	1-ZIP		— <u>— — — .</u>	1 124
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NAME			5.2 NAME				
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CITY-ST-ZIP	<u> </u>	TIDELETE	5.4 CITY-S	T-ZIP		Channa	ddition
TITLE		DELETE	6.1 TITLE			[_] Change [_] A	ddition
NAME		/	6.2 NAME				
STREET ADDRESS	l <i>(</i>	/	6.3 STREET				
CITY-ST-ZIP	partify that the information sectation will	h this filing does not qualify	for the everyo		Section 119 07/3\(\)(i) Florida Statistan Livelin	ver certify that the inform	nation
indicated officer or	on this annual report or supplimental director of the corporation of the recei	applied report is true and ac year or trustee empowered to	curate and the execute this	at my signati report as rec	n Section 119.07(3)(i), Florida Statutes. I furth ure shall have the same legal effect as if mac quired by Chapter 607, Florida Statutes; and	that my name appears is	an n

V3-28-98.