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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000058560 (9)

1. Corporation Name
LUNG LANS CORPORATION

Principal Place of Business
1008 WHALEBONE BAY DRIVE
KISSIMMEE FL 34741

Mailing Address
1008 WHALEBONE BAY DRIVE
KISSIMMEE FL 34741-7402



3. Date Incorporated or Qualified 07/11/1996 3a. Date of Last Report

4. FEI Number 59-3388618 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 1000 E COLONIAL DR.

2a. Mailing Address
25 Suite, Apt. #, etc.

22 City & State
23 ORLANDO FL.

27 City & State
28

24 Zip 32803 25 Country USA.

27 City & State
28 Zip Country

24 Zip 32803 25 Country USA.

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIN, PI-LIEN
1008 WHALEBONE BAY DRIVE
KISSIMMEE FL 34741

81 Name DAVID S.F. YAN
82 Street Address (P.O. Box Number is Not Acceptable)
1008 WHALEBONE BAY DR.
83
84 City KISS. FL 85 Zip Code 34741

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE 1-9-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	LIN, PI-LIEN	
STREET ADDRESS	1008 WHALEBONE BAY DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	Change	Addition
1.2 NAME	DAVID S.F. YAN		
1.3 STREET ADDRESS	1008 WHALEBONE BAY DR.		
1.4 CITY-ST-ZIP	KISS. FL 34741		
2.1 TITLE	V.P.	Change	Addition
2.2 NAME	YIU MING, WONG		
2.3 STREET ADDRESS	1026 WHALEBONE BAY DR.		
2.4 CITY-ST-ZIP	KISS. FL 34741		
3.1 TITLE	T.	Change	Addition
3.2 NAME	PI LIEN LIN, YAN		
3.3 STREET ADDRESS	1008 WHALEBONE BAY DR.		
3.4 CITY-ST-ZIP	KISS. FL 34741		
4.1 TITLE	S.	Change	Addition
4.2 NAME	SZE PAK, SHEUNG.		
4.3 STREET ADDRESS	1026 WHALEBONE BAY DR.		
4.4 CITY-ST-ZIP	KISS. FL 34741		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: SIGNATURE REQUIRED 1-9-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)