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

## Feb 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000059298 (5) J. YAU CORPORATION Principal Place of Business Mailing Address 3605 FOWLER ST 3605 FOWLER ST FT MYERS FL 33901 FT MYERS FL 33901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/16/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 21 65-0713724 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζıp Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name YAU, JOHNNY 3605 FOWLER STREET Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33901 84 City Zip Code 85 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 Herida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Stgnature, typed or pooped name of require ed recent and title if applicable (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE Change Addition YAU, JOHNNY NAME 1.2 NAME 3605 FOWLER STREET STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS, FL. 33901 TAMPA FL 33901 1.4 CITY - ST - ZIP CITY-S1-ZIP Delete TITLE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELÈTE Addition Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 13 if changing or of an altaction with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Daytime Phone # 04213

Change

\_\_\_ Addition

**FILED**