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FILED

Apr 04 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 # P96000063818 (4)

1. Corporation Name
LIU & SHI, INC.

Principal Place of Business
HWY 90, GLEASON MALL
BOX C-3
LAKE CITY FL 32055

Mailing Address
HWY 90, GLEASON MALL
BOX C-3
LAKE CITY FL 32055



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 500 ACL Road

27 Suite, Apt. #, etc.

28 Lake City FL

29 32025 30 USA

3. Date Incorporated or Qualified

07/26/1996

3a. Date of Last Report

4. FEL Number

59-3396228

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

10. Name and Address of New Registered Agent

81 Name

Allen D. Coleman

82 Street Address (P.O. Box Number is Not Acceptable)

500 ACL Rd

83

84 City

Lake City

FL

85 Zip Code

32025

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 my obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Allen D. Coleman

(NOTE: Registered Agent signature required when reinstating)

2/25/97
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President
yi-cai lin

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

President Secretary
Allen D. Coleman
500 ACL Rd
Lake City, FL 32025

☒ Change ☐ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

Ching P. Coleman
Vice President
500 ACL Rd
Lake City, FL 32025

☐ Change ☒ Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

☐ Change ☐ 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. 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 on an attachment with an address.

SIGNATURE

Allen D. Coleman

#165 Bond 3-1877

2/25/97 (904) 255-5705

CR2E034 (9/96)