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 # P9600092486 (5)

FILED May 01 1997 8:00am Secretary of State

Principal Place of Business 1. Together CIRCLE ORLANDO FL 32824 PAGE 1788 HATCHER CIRCLE ORLANDO FL 32824 DOCUMENT # P9600092486 (5) Mailing Address 11788 HATCHER CIRCLE ORLANDO FL 32824 ORLANDO FL 32824					····· ••					
						3. Date Incorp	orated or Qualified	3a. D	ate of Last	Report
	lace of Business	2a. Mailing Address				4. FEI Number		? 2	├ ~	Applied For
21) 10478 Suite, Apt	E. Colonial Drive	Suite, Apt. #, etc.		 ,		 	シャスレン	12		Not Applicable Additional
22	. And a series were the series of the series	27				5. Certificate of	f Status Desired		Fee	Required
City & State 23 Drlav		City & State				6. Election Ca Trust Fund	mpaign Financing			O May Be d to Fees
^{7(ρ} 7 > 4	Country	Zıp	C	ountry			ation has liability for			
^{7(p)} 328	17 25 Orange	29	30		····	Florida Stat		Yes		
		Registered Agent		81	Name	10. Name and	Address of New R	egisterea	Agent	
	XIAO B 5 HANSEL AVE			82		roes (B.O. Boy Num	ber is Not Accepta	ıbla)	<u> </u>	
	ANDO FL 32809	•			Stiest Modi	1055 (11,O) DOX NUII	iber is Not Accepte	ine)		
	,			83						
				84	City			FL	65 Zi	p Code
11. Pursuanti	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the	above	-named corp	poration submits th	s statement for the	purpose o	changing	its registered
office or n agent. La	registered agent, or both, in the State of im familiar with, and accept the obligation	of Florida. Such change was a tions of, Section 607.0505, Flo	orida Si	ed by tatutes	the corporat	tion's board of dire	ctors. I hereby acce	ept the app	pointment a	is registered
SIGNATURE	and the second s									
12.	Signature, typerfor practico name of registered agen OFFICERS AND		Hegiste	<u>_</u>	nt signature requir	red when reinstating) ADDITIONSA	CHANGES TO OFFI	DATE ICERS AN	DIRECTO	ORS IN 12
lifet	D	DELETE		TITLE					☐ Changi	
NAME	TAM, AMY		1.2	NAME						
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TITLE NAME STREEL ADDRESS CITY-SI-ZF THLE			5.1 5.2 5.3 5.4 6.1	NAME STREET CITY-S TITLE NAME						

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF PRINTED NAME OF SIGNING OF SIGNING OFFICER OF SIGNING OFFICER OF SIGNING OF SIGNING OF SIGNING OF SIGNING OF SIGNING OF SIGNING OFFICER OF SIGNING OF SIGNING

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