Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90048 014 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # DOC

Corporation), INCORPORATED	UU94633			
Principal Place	e of Business	Mailing Address		1681/881 18 1811 8111 8211 8811 9811	A IBITI AIRMI IBIAL BEIDI DISI INDI
1304 W VINE ST KISSIMEE FL 34741 US		1304 W VINE ST Kissimee FL 34741 US		DO NOT WRITE IN THIS	S SPACE
ı				11/19/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	- · · -	26		59-3411985	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State		a Stadio Comming Singuing	
City & State	0	28 City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Ir	
24	25	29 3	¬ ·	Personal Property Tax.	☐ Yes X No
24	9. Name and Address of Curr		<u> </u>	10. Name and Address of New Registered	Agent
RAYMOND LAU 1304 W VINE STREET KISSIMME FL 34741			81 Name 82 Street A 83	CHIN L. CHANG ddress (P.O. Box Number is Not Acceptable) 304 W. NINE STREET	
			84 City	CISCIMALEE. F	85 Zip Code 34.74/
11. Pursuant office or nagent. I al	to the provisions of Sections 607.0 egistered agent, or both, in/the Starm familiar/with, and accept the oblining starts, the start of	ell CHIN	, the above-named concrized by the corporal Statutes. L. CHAN egistered Agent signature recognitions.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appointment of the purpose of the purpos	of changing its registered pintment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE		P. D	Change
NAME	LAU, RAYMOND	,	1.2 NAME (CHANG, CHIN L.	•
STREET ADDRESS	1304 W. VINE STREET		1.3 STREET ADDRESS	1304 W. VINE STREET	
CITY-ST-ZIP	KISSIMMEE FL 34741		1.4 CITY-ST-ZIP	KISSIMMEE, FL34741	
TITLE	SD	☐ DELETE	2.1 TITLE	V.P.D.	☐ Change ☐ Addition
NAME	CHAN, WILIAM		2.2 NAME	Lim, WEE P.	
STREET ADDRESS	1304 W. VINE STREET		2.3 STREET ADDRESS	LIM, WEE P. 1304 W. VINE STREET	
CITY-ST-ZIP	KISSIMMEE FL 34741		2. 4 CITY-ST-ZIP	KISSIMMER, FL 34741	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		ĺ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			. 4. 2 NAME		ľ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		. Creation
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
	,				

14. I 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 conformation 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 an an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

RE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

407-933-8448