

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

**FILED**  
**Jul 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P96000098540  
 1. Corporation Name  
**Dong Nan, Inc.**

Principal Place of Business      Mailing Address  
**11210 Spring Hill Drive**  
**Spring Hill, FL 34609**

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business <b>11210 Spring Hill Dr.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>11210 Spring Hill Dr.</b> Suite, Apt. #, etc.
22. City & State <b>Spring Hill FL</b>	27. City & State <b>Spring Hill FL</b>
23. Zip <b>34609</b>	28. Zip <b>34609</b>
24. Country <b>Hernando</b>	30. Country <b>Hernando</b>

3. Date Incorporated or Qualified  
**Dec. 31, 1996**

4. FEI Number <b>59-3422768</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

~~James T. Noble~~  
**James T. Noble**  
**11291 Countrywood Ct.**  
**Spring Hill, FL 34609**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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 a registered agent is not acceptable) (NCI) Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>Chun Kuen Chan</b> <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> R.
NAME	<b>Chun Kuen Chan</b>
STREET ADDRESS	<b>13210 Highgrove Road</b>
CITY-ST-ZIP	<b>Brooksville, FL 34609</b>
TITLE	<b>Zhen Huan Chen</b> <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> V.P.
NAME	<b>Zhen Huan Chen</b>
STREET ADDRESS	<b>10195 Gifford Drive</b>
CITY-ST-ZIP	<b>Spring Hill FL 34608</b>
TITLE	<b>Liu Yen Chen</b> <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Sec.
NAME	<b>Liu Yen Chen</b>
STREET ADDRESS	<b>10195 Gifford Drive</b>
CITY-ST-ZIP	<b>Spring Hill FL 34609</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>Carol L. Chan</b>
13. STREET ADDRESS	<b>13210 Highgrove Road</b>
14. CITY-ST-ZIP	<b>Brooksville FL 34609</b>
21. TITLE	<b>Chun Kuen Chan</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>Chun Kuen Chan</b>
23. STREET ADDRESS	<b>V.P. 13210 Highgrove Road</b>
24. CITY-ST-ZIP	<b>Brooksville FL 34609</b>
31. TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<b>Jenda N. Chan</b>
33. STREET ADDRESS	<b>13210 Highgrove Road</b>
34. CITY-ST-ZIP	<b>Brooksville, FL 34609</b>
41. TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	<b>Kam-Wah Richard Chan</b>
43. STREET ADDRESS	<b>13210 Highgrove Road</b>
44. CITY-ST-ZIP	<b>Brooksville FL 34609</b>
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	<b>200002583732</b>
63. STREET ADDRESS	<b>-07/03/98--01005--025</b>
64. CITY-ST-ZIP	<b>***150.00</b>

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 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:** **Carol Chan**      **5-25-98**      **352 6881008**

CR2E034 (10/97)