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

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FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham May 05 1998 8:00am **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS **19**98 Secretary of State P96000098872 (0) DOCUMENT # TATUNG, INC. Principal Place of Business Mailing Address 2462 NW 94TH AVE 2462 NW 94TH AVE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NW9474AV NW 94 THAV 2462 2462 65-0721433 Not Applicable 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 CORAL SORルタら Trust Fund Contribution Added to Fees 23 CORAL 8. This corporation owes or has paid the current year Intangible BLOWARD 30 BROWARD ☐ No 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NOFIL, JOSEPH K **3284 N STATE RD 7** Street Address (P.O. Box Number is Not Acceptable) 82 LAUDERDALE LAKES FL 33319 83 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 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 gistored Agent signature required when reinstating) ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition PD DELETE Change 11 TITLE TITLE LEE, CHENG M NAME 1.2 NAME STREET ADDRESS 2462 NW 94TH AVE 1.3 STREET ADDRESS **CORAL SPRINGS FL 33065** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 12 or Block 13 if changed, or on an attachment with an address