

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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[illegible]

Principal Place of Business	Mailing Address
400 EAST SOUTH STREET SUITE 200 ORLANDO FL 32801	400 EAST SOUTH STREET SUITE 200 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

ORLANDO FL 32801		ORLANDO FL 32801		3. Date Incorporated or Qualified 02/11/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21	205 S. COLA DRIVE	26	205 S. COLA DRIVE	59-3444814	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23	ORLANDO FL	28	ORLANDO FL		
Zip	Country	Zip	Country		
24	32801	25	USA		
29	32801	30	USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
HARTMAN, JAMES A 400 EAST SOUTH STREET SUITE 200 ORLANDO FL 32801		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable) 805 SOUTH POLA DRIVE	
		83		
		84	City ORLANDO	85 FL
				Zip Code 32801

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 reinstated agent) and title if applicable _____ (NCL) Registered Agent signature required when reinstating _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LEE, CHING-CHEN C	1.2 NAME	
STREET ADDRESS	C/O 400 EAST SOUTH STREET STE 200	1.3 STREET ADDRESS	205 SOUTH EOLA DRIVE
CITY - ST - ZIP	ORLANDO FL 32801	1.4 CITY - ST - ZIP	ORLANDO FL 32801
TITLE	SD	2.1 TITLE	
NAME	HARTMAN, JAMES A	2.2 NAME	
STREET ADDRESS	C/O 400 EAST SOUTH STREET STE 200	2.3 STREET ADDRESS	205 SOUTH EOLA DRIVE
CITY - ST - ZIP	ORLANDO FL 32801	2.4 CITY - ST - ZIP	ORLANDO FL 32801
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

CR2E034 (10/97)