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



## Sandra B. Mortham

ANN	PROFIT DRPORATIONUAL REPO 1998 JMENT ION Name	ORT	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS  023865 (3)			1		Apr 17 1998 8:00am Secretary of State
ORIENTAL LAKELAND, INC.								4 8 5 1 8 1 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1
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Principal Place of Business Mailing Address								s (danidas ira rāsis resis Calis sasis adair apusa ribūd irras ipusā dijai arii radi
4215 & FLORIDA AVE LAKELAND FL 33803			4215 S FLORIDA AVE LAKELAND FL 33803					DO NOT WIDITE IN TAILS COACE
								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
								03/10/1997
Principal Place of Business     The Principal Place of Business			2a. Mailing Address					4. FEI Number   Applied For     Not Applicable
Suite, Ap	ot #, etc		Suite, Apt. #, etc.					SR 75 Additional
22			27				,	5. Certificate of Status Desired Fee Required
City & St	ate		City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country	Zip	<u> </u>				This corporation owes or has paid the current wear Intangible
24 25			29 30			·-··		Personal Property Tax due June 30. Yes No
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								10. Name and Address of New Registered Agent
ZHANG, ALINA								
4215 S FLORIDA AVE LAKELAND FL 33803						Street	Addres	s (P.O. Box Number is Not Acceptable)
LANCUAND FL 33803					63			
-					84	City		<b>▶■ 85</b> Zip Code
44 10		207.07.00 to a to	and CO2 1000 Elected Chat	400 the				₽L││
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, or floridal Statutes.								
SIGNATURE				jui lua Oja				
	Signature, typed i	OFFICERS AND					e required	whon reinstating) DA16
12.	D	OFFICERS AND	DELETE	13.			T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   Change   Addition
NAME	ZHANG, ALINA				1.2 NAME		1	
STREET ADDRESS 140 GLENDALE ST, APT #410			13 STREET ADDRES			ADDRESS		
CITY-ST-ZIP LAKELAND FL 33803			1.4			T- 71P		
TITLE	D				2.1 TITLE			☐ Change ☐ Addition
NAME	CHEN, D			2.2 N		j		
STREET ADDRESS		NDALE ST, APT #410		1		aduress	ļ	
CITY-ST-ZIP TITLE	D	ID FL 33803	DELETE	2. 4 t		ST-ZIP		Change Addition
NAME	GAO, GO	ING Y			IAME			C. State of the st
STREET ADDRESS 140 GLENDALE ST, APT #410						ADDRESS		
CITY-ST-ZIP LAKELAND FL 33803				3.4. CITY - ST - ZIP				
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NAME		WONG H		4. 2 (	NAME		Ì	
STREET ADDRESS		NDALE ST, APT #410		1		address	1	
CITY-ST-ZIP LAKELAND FL 33803			DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		T-ZIP	<del> </del>	☐ Change ☐ Addition
TITLE NAME	İ		□ OFFE IE		HLE Iamé		ļ	Change Addition
STREET ADDRESS	,					ADDRESS		
CITY-ST-ZIP					ITY-S			
TITLE	<del>                                     </del>		DELETE	6.1 T				☐ Change ☐ Addition
NAME	1			621	15.00		I	

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

A110198

**FILED**