


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

03 JUL 29 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0044338

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000023865 ✓					
1. Corporation Name ORIENTAL LAKELAND, INC.					

Principal Place of Business 4215 S FLORIDA AVE LAKELAND FL 33803	Mailing Address 4215 S FLORIDA AVE LAKELAND FL 33803
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2. Principal Place of Business						2a. Mailing Address						3. Date Incorporated or Qualified 03/10/1997											
21 Suite, Apt. #, etc.						26 Suite, Apt. #, etc.						4. FEI Number 59-3433905											
22 City & State						27 City & State						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required											
23 Zip						28 Zip						6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees											
24 Country						29 Country						8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No											
9. Name and Address of Current Registered Agent ZHANG, ALINA 4215 S FLORIDA AVE LAKELAND FL 33803												10. Name and Address of New Registered Agent											
81 Name GONGYIGAO												82 Street Address (P.O. Box Number is Not Acceptable) 140 GLENDALE ST APT #410											
83 4215 S. FLORIDA AVE LAKELAND FL												84 City LAKELAND FL											
85 Zip Code 33803																							

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 X Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																							
12. OFFICERS AND DIRECTORS												13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12											
TITLE D						<input checked="" type="checkbox"/> DELETE						11 TITLE VICE PRESIDENT						<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME ZHANG, ALINA												12 NAME AI MEI ZHU											
STREET ADDRESS 140 GLENDALE ST, APT #410												13 STREET ADDRESS 4215 S. FLORIDA AVE											
CITY-ST-ZIP LAKELAND FL 33803												14 CITY-ST-ZIP LAKELAND FL 33803											
TITLE D						<input checked="" type="checkbox"/> DELETE						21 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME CHEN, DUAN												22 NAME											
STREET ADDRESS 140 GLENDALE ST, APT #410												23 STREET ADDRESS											
CITY-ST-ZIP LAKELAND FL 33803												24 CITY-ST-ZIP											
TITLE D PRES.						<input type="checkbox"/> DELETE						31 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME GAO, GONG Y												32 NAME											
STREET ADDRESS 140 GLENDALE ST, APT #410												33 STREET ADDRESS											
CITY-ST-ZIP LAKELAND FL 33803												34 CITY-ST-ZIP											
TITLE D						<input checked="" type="checkbox"/> DELETE						41 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME KWAO, KWONG H												42 NAME											
STREET ADDRESS 140 GLENDALE ST, APT #410												43 STREET ADDRESS											
CITY-ST-ZIP LAKELAND FL 33803												44 CITY-ST-ZIP											
TITLE						<input type="checkbox"/> DELETE						51 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME												52 NAME											
STREET ADDRESS												53 STREET ADDRESS											
CITY-ST-ZIP												54 CITY-ST-ZIP											
TITLE						<input type="checkbox"/> DELETE						61 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME												62 NAME											
STREET ADDRESS												63 STREET ADDRESS											
CITY-ST-ZIP												64 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; 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: **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

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**Oriental Lakeland, Inc.
4215 S. Florida Ave.
Lakeland, FL 33803**

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

July 17, 1999

Dear Sir/Madam,

Re: Document #: P970000 23865
Corporation: Oriental Lakeland, Inc.

We are writing this letter to request a waiver of penalty associated with the filing of the 1999 Annual Report. The officer who is most familiar and who handles the paperwork has left the company and we were not aware of the filing requirement until the second notice came. Please accept the enclosed check of \$150.00 to cover the 1999 annual report fee. We will make sure that in the future the annual report will be filed timely.

Thank you for your attention and assistance in this matter.

Yours truly,

Ai Mei Zhu
Vice President

Ai Mei Zhu