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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700026245 (5)

BLUE OCEAN BUSINESS CORPORATION

FILED Feb 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 802 SE 7TH AVE 802 SE 7TH AVE GAINESVILLE FL 32601-7035 GAINESVILLE FL 32601-7035 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Bo 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 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 FENG, CHAO-HUNG 802 SE 7TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32601-7035 83 84 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 Signature, typed or printed harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TOLE TITLE FENG. CHAO-HUNG NAME 1.2 NAME 1411 NW 55TH TER STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32605** CITY-ST-ZIP 1.4 C/TY-ST-ZIP DELFTE Change Addition TITLE 2.1 TITLE LIAN, BI-TAO NAME 2.2 NAME 1411 NW 55TH TER STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL 32605** CITY-ST-ZIP 2 4 CITY-ST-7/P DELETE ☐ Addition Change TITLE 3.1 1111.6 NAME 3.2 NAM STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST-7IP THLE DELETE 4.1 11TLF Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - \$1 - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DFLETE Change Addition 6.1 1111.8 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 offect 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.