

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

FILED

Apr 03 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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DOCUMENT # P97000030883 (7)

1. Corporation Name
SYLVIE CHIN CORP.

Principal Place of Business

244 TOWN CENTER DRIVE
SANFORD FL 32771

Mailing Address

244 TOWN CENTER DRIVE
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1997

4. FEI Number

593450136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 4713 61st AVE
Suite, Apt. #, etc.
22 TERR W
City & State
23 BRADENTON, FL
Zip
24 34210
Country
25 Manatee

2a. Mailing Address
26 4713 61st AVE
Suite, Apt. #, etc.
27 TERR W
City & State
28 BRADENTON, FL
Zip
29 34210
Country
30 Manatee

9. Name and Address of Current Registered Agent

CHIANG, MAO-CHIN
244 TOWN CENTER DRIVE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name
CHIANG, MAO-CHIN
82 Street Address (P.O. Box Number is Not Acceptable)
4713 61st AVE
83 TERR W
84 City
BRADENTON FL
85 Zip Code
34210

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

3/28/98

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	CHIANG, MAO-CHIANG
STREET ADDRESS	244 TOWN CENTER CIRCLE
CITY-ST-ZIP	SANFORD FL 32771
TITLE	D <input type="checkbox"/> DELETE
NAME	ISABELLE, SYLVIE
STREET ADDRESS	244 TOWN CENTER CIRCLE
CITY-ST-ZIP	SANFORD FL 32771
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHIANG, MAO-CHIN
1.3 STREET ADDRESS	4713 61 st AVE, TERR W
1.4 CITY-ST-ZIP	BRADENTON, FL 34210
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ISABELLE SYLVIE
2.3 STREET ADDRESS	4713 61 st AVE, TERR W
2.4 CITY-ST-ZIP	BRADENTON, FL 34210
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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



3/28/98

(941) 777-2431

CR2E034 (10/97)