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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000053241

1. Corporation Name
3 C ENTERPRISE, INC.

Principal Place of Business 3 C ENTERPRISE INC ORLANDO FL 32826 US	Mailing Address 14884 FAVERSHAM CIR ORLANDO FL 32826 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>135 N. Highway 27</i> Suite, Apt. #, etc. 22 City & State 23 <i>Clermont</i> Zip 24 <i>34711</i> Country 25 <i>U.S.A.</i>	2a. Mailing Address 26 <i>14884 Faversham Cir</i> Suite, Apt. #, etc. 27 City & State 28 <i>Orlando</i> Zip 29 <i>32826</i> Country 30 <i>U.S.A.</i>
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3. Date Incorporated or Qualified 06/16/1997	4. FEI Number 59-3456940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required \$8.75	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Added to Fees \$5.00	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

LIU, XINMING
14884 FAVERSHAM CIRCLE
ORLANDO FL 32826

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	85 Zip Code

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]* **President & CEO** DATE: **Jan. 6, 1999**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<i>(PC) President & CEO</i> <input type="checkbox"/> DELETE
NAME	LIU, XINMING
STREET ADDRESS	14884 FAVERSHAM CIRCLE
CITY-ST-ZIP	ORLANDO FL 32826
TITLE	<i>President Assistant</i> <input type="checkbox"/> DELETE
NAME	Jun Tian
STREET ADDRESS	135 N. Highway 27
CITY-ST-ZIP	Clermont, FL 34711
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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)(j), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **Jan. 6, 1999** DAYTIME PHONE #: **(352) 394-6316**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)