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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90027 006 ***150.00

DOCUMENT # P97000053241			
3 C ENTERPRISE, INC.			
) (1801) 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180	
Principal Place of Business Mailing Address	·		
3 C ENTERPRISE INC 14884 FAVERSHAM CIR ORLANDO FL 32826 ORLANDO FL 32826		·	
US US		DO NOT WRITE IN TH	IS SPACE
		Date Incorporated or Qualifed	
		06/16/1997	
2. Principal Place of Business 21 /35 N - Highway 27 26 /4884 Favel	reformation	4. FEI Number 59-3456940	Applied For Not Applicable
21 135 N - Highway 27 26 14884 Faves Suite, Apt. #, etc. Suite, Apt. #, etc.	TOTAL CIT		\$8.75 Additional
22 27		5. Certificate of Status Desired :	Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
23 Clermont 28 Orlando		Trust Fund Contribution	Added to Fees
Zip Country Zip 2 2 2 2 1	Country	8. This corporation owes the current year to	
	30 U.S.A.		☐ Yes ☐ No
Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
LIU, XINMING			
14884 FAVERSHAM CIRCLE		ress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32826	83		
			Tot 1 75 0 4
	84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.	thorized by the corporation da Statutes.	on's board of directors. I hereby accept the app	ointment as registered
office or registered agent, or both, in the State of Florida. Such change was autagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE	thorized by the corporation da Statutes.	${\it E0}$	ointment as registered
SIGNATURE Signature, types or printed name of registered agent and site in applicable. (NOTE: F	thorized by the corporation do Statutes. **Lent & C: Registered Agent signature require	on's board of directors. I hereby accept the app FO Jan. d when reinstating) DATE	6 , 1999
SIGNATURE Signature - Append or printed name of registered agent and other rapplicable. (NOTE: F. 12. OFFICERS AND DIRECTORS	thorized by the corporation of t	${\it E0}$	6 , 1999
SIGNATURE Signature hypotror printed name of registered agent and title if applicable. (NOTE: F 12. OFFICERS AND DIRECTORS TITLE POPPLES: CEO DELETE	thorized by the corporation da Statutes. **Cognition of the corporation of the corporati	on's board of directors. I hereby accept the app FO Jan. d when reinstating) DATE	6 , 1999 AND DIRECTORS IN 12
SIGNATURE Signature Signature types or printed name of registered agent and site of appricable. (NOTE: F.) 12. OFFICERS AND DIRECTORS TITLE PRESIDENT & CEO DELETE NAME LIU, XINMING	Ada Statutes. Ada Statutes. Ada Statutes. Ada Statutes. Ada C Ada C	on's board of directors. I hereby accept the app FO Jan. d when reinstating) DATE	6 , 1999 AND DIRECTORS IN 12
SIGNATURE Signature Signature Appell or printed name of registered agent and uniter rapplicable. (NOTE: F) 12. OFFICERS AND DIRECTORS TITLE (PC) - President & CEO DELETE NAME LIU, XINMING STREET ADDRESS 14884 FAVERSHAM CIRCLE	thorized by the corporation of t	on's board of directors. I hereby accept the app FO Jan. d when reinstating) DATE	6 , 1999 AND DIRECTORS IN 12
SIGNATURE Signature Signature types or printed name of registered agent and site of appricable. (NOTE: F.) 12. OFFICERS AND DIRECTORS TITLE PRESIDENT & CEO DELETE NAME LIU, XINMING	Ada Statutes. Ada Statutes. Ada Statutes. Ada Statutes. Ada C Ada C	on's board of directors. I hereby accept the app FO Jan. d when reinstating) DATE	6 , 1999 AND DIRECTORS IN 12
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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 attactment with an address, with all other like empowered.

SIGNATURE:

Jan. 6, 1999

(352)394-6316