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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90042 011 ***150.00

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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 # P97000054217

1. Corporation Name

OVA TECHNOLOGY OF FLORIDA, INC.

Principal Place of Business

**5001 WEST NASSAU
TAMPA FL 33179**

Mailing Address

**5001 WEST NASSAU
TAMPA FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1997

4. FEI Number

59-3441957

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**HSIUNG, SULAN
5001 W NASSAU STREET
TAMPA FL 33179**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHEN, TSUNG T	
STREET ADDRESS	20207 DICKSON COURT	
CITY-ST-ZIP	WALNUT CA 91789	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HSIUNG, SU-YING	
STREET ADDRESS	13-30 NISKIY SHINDEN-CHO	
CITY-ST-ZIP	YOYOAKE CITY-JA 91789	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHYUNG, HAN-ZONE	
STREET ADDRESS	6TH FLOOR, #7 TOR JIANG ST	
CITY-ST-ZIP	KAOSHIUNG TA 91710	

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	TA, TUNGMIN	
STREET ADDRESS	5001 WEST NASSAU	
CITY-ST-ZIP	TAMPA FL 33179	

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUANG, CHUN H	
1.3 STREET ADDRESS	20207 DICKSON COURT	
1.4 CITY-ST-ZIP	WALNUT, CA 91789	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHEN, TSUNG T	
2.3 STREET ADDRESS	20207 DICKSON COURT	
2.4 CITY-ST-ZIP	WALNUT, CA 91789	

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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBIN ISAAK	
4.3 STREET ADDRESS	13121 BOYD CIRCLE	
4.4 CITY-ST-ZIP	OMAHA, NE 68164	

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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28

(813) 707-0222

CR2E034 (11/98)