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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

TITLE NAME HOSANG, JACQUELINE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET AD		
Principal Place of Business SURINSE FL 33322 US 220 N LINWESPRTY OR SURRISE FL 33322 US 230 N LINWESPRTY OR SURRISE FL 33322 US 24		
SUMRISE FL 33322 US US US US US US J. Date Incorporated or Qualified 07/01/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 55-0767908 Suite, Apt. #, etc. 55-0767908 Suite, Apt. #, etc. 57-0767908 Suite, Apt. #, etc. 57-076	ANT BEIN EBIEN CHIN IBEN 1884	. 88118 1811 1881
US US DATE Principal Place of Business 21 22 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27 City & State City & State City & State 29 20 21 20 21 20 Country 21 22 23 24 25 City & State City & State 20 25 26 City & State 27 27 28 Country 29 20 29 20 20 21 20 21 20 20 21 20 20		
2. Principal Place of Business 2. A. Mailing Address 4. FEI Number 65-0767908 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 City & State 5. Certificate of Status Desired 5. Certificate 5		
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Suite, Apt. #, etc.	- - '	ot Applicable
22 City & State	\$8.75	
City & State City & State City	Fee Re	equired
Zip Country Zip Country Zip Country St. This corporation was the current Personal Property Tax.	\$5.00	May Be
Zip Country 2	Added 1	to Fees
9. Name and Address of Current Registered Agent HOSANG, JACQUELINE 3817 LANCEWOOD DRIVE CORAL SPRINGS FL 33065 184 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur 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 agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE TITLE HOSANG, JACQUELINE 3817 LANCEWOOD DR. 13. STREET ADDRESS 3817 LANCEWOOD DR. 13. STREET ADDRESS CITY-ST-ZIP DELETE 21. TITLE DELETE 21. TITLE DELETE 22. STREET ADDRESS CITY-ST-ZIP DELETE 31. TITLE DELETE 31. TITLE 32. STREET ADDRESS CITY-ST-ZIP DELETE 31. TITLE 32. STREET ADDRESS CITY-ST-ZIP DELETE 41. TITLE 32. STREET ADDRESS 44. CITY-ST-ZIP DELETE 41. TITLE 33. STREET ADDRESS 44. CITY-ST-ZIP DELETE 41. TITLE 34. CITY-ST-ZIP DELETE 34. CITY-ST-ZIP DELETE 35. STREET ADDRESS 44. CITY-ST-ZIP TITLE DELETE 34. CITY-ST-ZIP DELETE 35. STREET ADDRESS 44. CITY-ST-ZIP DELETE 55. TITLE 55. TITLE		
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NAME THE STATE OF STA		
STREET ADDRESS 6.3 STREET ADDRESS		

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 any address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP