Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90019 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000059398

1. Corporation Name

FIRST U	sa investmen	IT, INC.										
Principal P ace of Business 3300 NORTH PACE BLVD STE. 315 PENSACOLA FL 32505			Mailing Address 3300 NORTH PACE BLVD STE. 315 PENSACOLA FL 32505				DO NOT WRITE IN THIS SPACE					
								3. Date Incorp	porated or Qualif	ed		
2 Principal 9	Mace of Rusiness		2a. Mailing Address				+	4. FEI Number			Ar	plied For
2. Principal Place of Business			26					59-3455378			<u> </u>	of Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Require			A ditional	
City & State			City & State					6. Election Campaign Financing 5.00 Ma			May Be	
23			28					Trust Fund Contribution Added to			- 1	
Zip Country			Zip Cour			intry		8. This corporation owes the current year			ntangible	
24	25		29	30				Persor al Property Tax.			□Yes	□No
	9. Name and Ac	dress of Current	Registered Agent					10. Name and	Address of Ne	w Registere	d Agent	
DEES, DAVID L 3300 NORTH PACE BLVD., STE. 315 PENSACOLA FL 32505					81 82		Street Acidress (P.O. Box Number is Not Acceptable)					
FEIN	SACOLA FL 3230.	,			83	City					85 Zip	Code
		_	and 607.1508, Florida Stat						_	<u></u> <u> </u>	<u> </u>	
agent. I a	ım familiar with, and	accept the obligat	f Florida. Such change was jons of, Section 607.0505, F	·Ionida Si	tatutes			en reinstating)		DATE		
12.		OFFICERS AND		1	3.			ADDITIONS	/CHANGES TO	OFFICERS.		
TITLE	D		☐ DELETE	1.1	TITLE						☐ Change	Addition
NAME	CHIANG, CHU-Y			1.2	NAME							
STREET ADDRESS	DENCACOLA EL 22514				1.3 STREET ADDRESS		l					
CITY-ST-ZIP							<u> </u>				Chance	Addition
TITLE			☐ DELETE	2.1	1 TITLE						☐ Change	☐ Addition
NAME					2 NAME							
STREET ADORESS	·			•		ADDRESS						
CITY-ST-ZIP	<u> </u>	Cocuere			2.4 CITY-ST-ZIP		├				☐ Change	☐ Addition
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STREET ADDRESS						TADDRESS						
CITY-ST-ZIP	_	-	□ DELETE		4, CITY-S	IT-ZIP	+				Change	Addition
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NAME						T ADDRESS						
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CITY-ST-ZiP	 		☐ DELETE		1 TITLE	ı-ur	+		_		Change	Addition
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NAME	1			■ O.4	- 1 + Aut		1					1

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: /

STREET ADDRE 3S

SIGNING OFFICER OR DIRECTOR

CHIANG 4-26 99