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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000060740

HONG & ASSOCIATES, INC.

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9. Name and Address of Current Registered Agent OGLE, HONG 7055 ALHAMBRA DRIVE TALLAHASSEE FL 32311 33 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the aboven-named corporation submits this statement for the purpose of changing its 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. 9 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 14 LAHASSEE FL 32311 14 CITY-ST-2P 17 TITLE 10 DELETE 21 TITLE 22 NAME 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS 24 STREET ADDRESS 27 STREET ADDRESS 28 STREET ADDRESS 29 STREET ADDRESS 20 STREET ADDRESS 21 STREET ADDRESS 21 STREET ADDRESS 21 STREET ADDRESS 21 STREET AD		Country		Country		Manage and the second			
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Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	11. Pursuant	t to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes,	, the above	a-named corp	poration submits this statement for the purpose of chan	ging its a	egistered	
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6.4 CITY-ST-ZIP 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:

NAME STREET ADDRESS

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90006 003 ***150.00