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 # P9700061700 1. Corporation Name

FU-SHAN, INC.

LO-SITUAL INO

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90015 049 ***150.00



						I MESTE MANIE BITAL FIRE	19811 681		
Principal Place of Business Mailing Address									
10139 HALLS RIVER ROAD HOMOSASSA FL 34446		10139 HALLS RIVER ROAD HOMOSASSA FL 34446				= TUO ODAOE			
					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			}	
					07/14/1997	· ·	A 1	ad Eas	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	 -	<u> </u>	ed For	,
21		26			<u>59-3447736</u>	.		Applicable ditional	
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.	-		5. Certifcate of Status Desired		e Requ		
22		27						- +	
City & State		City & State		6. Election Campaign Financing		.00 N Ided to			
23		28			Trust Fund Contribution			1 003	
Zip	Country	Zip	Country	,	8. This corporation owes the curre	ent year intangible Yes	. г]No	
24	25	293	0		Personal Property Tax. 10. Name and Address of New R		-		
	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New N	egistered Agent			
			81	Name					
TITU	IŞ, ÇLAIRE A	82		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
4 NORTH EAST THIRD STREET								50 788 OE	
CRY	STAL RIVER FL 34429		83	T	4.10克克克克	. 特特達爾語			
			84	City	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	85	Zip C	ode"	
				1 1		FL FL			
44 5	to the provinces of Sections 607 050	2 and 607,1508, Florida Statutes	, the abov	e-named cor	poration submits this statement for the ion's board of directors. I hereby accep	purpose of changi	ng its r as rea	egisterea istered	
office or i	registered agent, or both, in the State	of Florida, Such change was aut	horized by	the corporat	poration submits this statement for the ion's board of directors. I hereby accept	л и е арропалога	40 .09		
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	tions of, Section 607.0000, Florid	Ja Olalolo.	.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Age	ent signature requi	red when reinstating);	DATE			Ś
	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF			RS IN 12,	
12.	PTD	DELETE	1.1 TITLE		The state of the s	□ cı	nange	☐ Addition	
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STREET ADDRESS	HOMOSASSA FL 34446		1.4 CITY-	ST-ZIP					į
CITY-ST-ZIP		☐ DELETE	2.1 TITLE		•		nange	Addition	
TITLE	VPSD		2.2 NAME						l
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CITY-ST-ZIP	HOMOSASSA FL 34446	DELETE.	3.1 TITLE	-			hange	Addition	Ì
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STREET ADDRESS	S .			l l			· · · · ·	翻翻着	ļ
CITY-ST-ZIP	. '	Floriets	3.4. CITY			- } · . · };□ c	hange	Addition	
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NAME .			4. 2 NAM						1
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CITY-ST-ZIP							:	Addition	1
			4.4 CITY			ПС	nange	_	1
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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 attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR