## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P97000081360 (4) KIRIN ONE INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business

610 SOUTH 3RD STREET JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

610 SOUTH 3RD STREET JACKSONVILLE BEACH FL 32250

## **FILED** Aug 07 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

**Trust Fund Contribution** 

09/18/1997

4. FEI Number

| LIN, YUN S<br>610 SOUTH 3RD STREET<br>JACKSONVILLE BEACH FL 32250  |                    | · · · · · · · · · · · · · · · · · · ·                 |  |  |
|--|--------------------|---|--|--|
|  |                    | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |
|  | 83                 |   |  |  |
|  | 84                 | City  | Total Tim Code   |  |
|  | 64                 | City  | FL 85 Zip Code   |  |
| Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, t office or registered agent, or both, in the State of Florida. Such change was authagent. I am familiar with, and accept the obligations of, section 607.0505, Florid | norized by 1       | amed cor<br>he corpor                                 | rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered |  |
| Signature, typod or printed name of registered agent and title if applicable (NOTE:  | Registered Age     | ent signature   | required when reinstating) DATE  |  |
| OFFICERS AND DIRECTORS   | 13.                |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| DELETE   | 1.1 TITLE          |   | Prositet Change Addition   |  |
|  | 1.2 NAME           |   | LTN YUN S  |  |
| T ADDRESS  | 1.3 STREET A       | DORESS 4  | 610 S. 70 St   |  |
| ST-ZIP   | 1.4 CITY-ST-7      | ZIP :   | TARRIANISTE Bol TO JESS  |  |
| DELETE   | 2.1 TITLE          |   | Change Additi  |  |
|  | 2.2 NAME           |   | •  |  |
| T ADDRESS  | 2.3 STREET A       | DDRESS  |  |  |
| T-ZIP  | 2.4 CITY-ST-2      | ZIP   | www.   |  |
| DELETE   | 3.1 TITLE          |   | Change Addition  |  |
|  | 3.2 NAME           |   |  |  |
| T ADDRESS  | 3.3 STREET A       | DORESS  |  |  |
| ST-ZIP   | 3.4 CITY-ST-2      | 2IP   |  |  |
| DELETE   | 4.1 TITLE          |   | Change Addition  |  |
|  | 4.2 NAME           | 1   | <u> </u>   |  |
| TADDRESS   | 4.3 STREET A       | DORESS  |  |  |
| st-ziP   | 4.4 CITY-ST-2      | IP.   |  |  |
| DELETE   | 5.1 TITLE          |   | Change Addition  |  |
|  | 5.2 NAME           | 1   | ·  |  |
| TADORESS   | 5.3 STREET A       | DDRESS  |  |  |
| IT-ZIP   | 5.4 CITY-ST-2      | ZIP   |  |  |
| DELETE   | 6.1 TITLE          |   | Change Addition  |  |
|  | 6.2 NAME           |   | EDDOD26124TiE* Time  |  |
| T ADORESS  | 6.3 STREET ADDRESS |   | -08/11/9801020 <b>00</b> 7 <b>%</b>  |  |
| 3T-2IP   | 6.4 CITY-ST-ZIP    |   | ***150.00 <b>6</b> -7  |  |
| .st.ziP  I hereby certify that the information supplied with this filing does not qualify for the cindicated on this annual report or supplemental annual report is true and accurate  | exemption          | stated in s   | section 119.07(3)(i), Florida Statutes, I further certify that the information   |  |

Country

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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.

|   | July 30 /998  |
|---|---|
|   | To: Annual REPORTS GILINGS  |
|   | DIVISION of Corporations  |
|   | 1.0. Box 6327   |
|   | TALLAHASSEE, AL 32314   |
|   | for 1000 0 7  |
| - | From: Kirein one Inc<br>610 Soury 3rd Street  |
|   | (0 11)  |
|   |   |
|   | Document NEF # P97000081360   |
|   | - the second of |
|   | Sulvey: REQUEST of WAIVER OF COMPE GENALLY GETS.  |
|   |   |
|   | JEAN Sin:   |
|   | His LATER IS WRITTEN TO REQUEST WANTED  |
|   | South Mas I HAVE NEVER RECEIVED THE   |
|   | Ansi Noice AT THE FINI PLACE IT- 2 HAVE   |
|   | LECEIVED 1/5 (25 NOTICE. I WOULD HAVE MALED   |
|   | The for Might Away I Don't Know With  |
|   | HAPPENED to MAR IS NATICE, GIMBA IT WAS GOT   |
|   | be the Post office stated to wang place.  |
|   | sul dryway I am sonsill the original  |
|   | The at A 100 - PLEASE WAIR MY FEMALTY   |
|   | HAPPENED 1. MAS ES NATICE, GIDIAN'CH WAS GOST,  ON ME POST CHICE SHIFT TO WRONG PLACE.  But drywny I Am SENDING THE ONIGINAL  FOR AT A USO - PLEASE WAIR MY PENALTY  FOR FOR 1998. TOWN CONSDERATION IS GREATLY   |
|   | APPRECIATED.  |