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

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90170 041 ***150.00

DOCUI 1. Corporation 850 CAF		090841				
Principal Place	e of Business	Mailing Address			- I IDDIIDOS ILO IDSEL IDDIE DANEL DOCEN DOSIN AS	ild (afti a e tal f á fti bigai mat igh
850 TRAFALGAR CT SUITE 120 MAITLAND FL 32751 US		850 TRAFALGAR COT SUITE 120 MAITLAND FL 32751 US			DO NOT WRITE IN THE	HIS SPACE
					10/22/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21)		Suite, Apt. #, etc.			59-3473296	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23	•	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible
24	25	29 30	<u> </u>		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent
			81	Name		ļ
CHING, HSUEH-MEI			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
850 TRAFALGAR CT						
SUITE 120 MAITLAND FL 32751			83			
MAH	LAND FE 32731		84	City		85 Zip Code
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat Computer, poed of printed name of registered agen	of Florida. Such change was auth tions of, Section 607.0505, Florida	a Statutes.	-ME	oration submits this statement for the purpose n's board of directors. I hereby accept the appropriate the purpose of the purp	of changing its registered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME (CHING, HSUEH-MEI		1.2 NAME			
STREET ADDRESS	5390 HAWK DR		1.3 STREET AL	DDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		1.4 CITY-ST-Z	TP .	1-	
TITLE	VD	DELETE	2.1 TITLE	.م ا	VD	Change
NAME	Chang, Kuei-Mei	• •	2.2 NAME	[2]	HING HSUEH-MEI 390 HAWK DR	
STREET ADDRESS	5240 HAWK DR		2.3 STREET AL	CORESS 5	390 HAWK DR	
CITY-ST-ZIP	KISSIMMEE FL 34746		2. 4 CITY-ST-2	ZIP K	ISSIMMEE, FL. 3474	6
TITLE	T	DELETE	3.1 TITLE		use decired sum:	Change Addition
NAME	CHING, HAN-WEI	, ,	3.2 NAME	CH	INA, HSUEH-ME)	
STREET ADDRESS			3.3 STREET AC	DDRESS 3	90 HAWK DR . SSIMMEE, FL-347	u/
CITY-ST-ZIP	KISSIMMEE FL 34746		3.4. CITY-ST-2	ZIP Ki	SSIMMEE FL-S41	70
TITLE (□ OC! PTE				☐ Change ☐ Addition (
		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME		☐ DELETE	4.1 TITLE 4. 2 NAME			☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4. 2 NAME 4.3 STREET AG 4.4 CITY-ST-Z	ODRESS		□ Change □ Addison
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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

SIGNATURE: