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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000093057

1. Corporation Name

FANLING, INC.

,,,,,						
Principal Place of Business Mailing Address					I IDBILERAL (IN IRBIL SAND) BRIGI ANGU ANGU ANUS AND	188 filler 48:sa. a.izi. 1881 1841
391 SOUTH TAMIAMI TRAIL VENICE FL 34285-2423		5213 52ND AVE W BRADENTON-EL 34210				
29) S TAMIAI			m I TR		DO NOT WRITE IN THIS SPACE	
		391 S TAMIAN VENICE FL	. 342	285	3. Date Incorporated or Qualifed 10/29/1997	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0790879	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	ip Country Zip		Country		8. This corporation owes the current year Intar	
24	25 29 30				1 orderiar t roperty Term	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent
TDA	N WITH FONO		81	Name	• •	
TRAN, YUEN FONG			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
5216 52ND AVE W 391 S TAMIAMI TK						
BHA	DENTON FL 34210	YENICE FL 34285	83			
			84	City		85 Zip Code
				1	, FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Stoceture, broad or ponted page of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE						
	Signature, typed or printed name of registered agent			nt signature req	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12.	OFFICERS AND	D DIRECTORS	13.	—Т	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change ☐ Addition
TITLE	•					
NAME	CHUENG, ANTHONY MAN		1.2 NAME	1		
STREET ADDRESS	391 S. TAMIAMI TR			TADORESS		
CITY-ST-ZIP	VENICE FL 34210		1.4 CITY-5	ST-ZIP	at the second se	Change Addition
TITLE	V □ DELETE		2.1 TITLE		· • <del> </del>	
NAME !	TRAN, YUEN FONG		2.2 NAME			j
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •			T ADDRESS	and the second s	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE	S S S S S S S S S S S S S S S S S S S	☐ DELETE	3.1 TITLE		<i>.</i>	E Strange E Addition
NAME	LAM, JESSICA YUEN	ı	3.2 NAME			{
STREET ADDRESS	3885 WOODMERE, APT. 6			TADDRESS	r	
CITY-ST-ZIP	VENICE FL 34285		3.4. CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE			☐ cualide ☐ Vocinous
NAME			4. 2 NAME			,
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	4,4 CITY-	ST-ZIP		Change C Addition
TITLE		☐ DELETE	5.1 TITLE		•	☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST. ZIP			5.4 CITY-3	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 changes. On an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZiP

☐ DELETE

(941) 488-8033

☐ Change

☐ Addition