

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000102716 (2)**

1. Corporation Name
JOHN AND HENRY, INC.

Principal Place of Business
**123 HIGHLAND AVENUE
DEBARY FL 32713**

Mailing Address
**123 HIGHLAND AVENUE
DEBARY FL 32713**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1997

2. Principal Place of Business 21 899 E. SEMORAN BLVD Suite, Apt. #, etc. 22 City & State APOPKA FL 23 Zip 32703 24 Country	25. Mailing Address 26 899 E. SEMORAN BLVD Suite, Apt. #, etc. 27 City & State APOPKA FL 28 Zip 32703 29 Country	4. FEI Number 59-3480637 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**LEE, PUI YUK
123 HIGHLAND AVENUE
DEBARY FL 32713**

10. Name and Address of New Registered Agent

81 Name **FADE LIN**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **899 E. SEMORAN BLVD.**
84 City **APOPKA FL** 85 Zip Code **32703**

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

Fade Lin
Signature, typed or printed name of registered agent and block applicable

FADE LIN
(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, PUI YUK	1.2 NAME	LIN, FADE
STREET ADDRESS	123 HIGHLAND AVENUE	1.3 STREET ADDRESS	899 E. SEMORAN BLVD.
CITY-ST-ZIP	DEBARY FL 32713	1.4 CITY-ST-ZIP	APOPKA, FL 32703
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Fade Lin* **FADE LIN, PRESIDENT** *2/28/98* **407-889-8876**
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0001733

CP2E034 (10/97)