

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

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90076 046 ***150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000012390

1. Corporation Name
FAN WING INC

Principal Place of Business
**4742 ARTHUR STREET
PALM BEACH GARDENS FL 33418**

Mailing Address
**4742 ARTHUR STREET
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 644 N. US 1	26 644 N. US 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 TEQUESTA, FL	28 TEQUESTA, FL
Zip Country	Zip Country
24 33469 25 USA	29 33469 30 USA

3. Date Incorporated or Qualified 02/06/1998	Applied For Not Applicable
4. FEI Number 65-081115	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MEI-RONG SONG
4742 ARTHUR STREET
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name CAI, PAN-CHENG	
82 Street Address (P.O. Box Number is Not Acceptable) 644 N. US 1	
83	
84 City TEQUESTA	85 Zip Code FL 33469

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 **X PAN C Cai**
Signature typed or printed name of registered agent and title if applicable.

CAI, PAN-CHENG
(NOTE: Registered Agent signature required when reinstating)

1-22-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MEI, RONG SONG
STREET ADDRESS	4742 ARTHUR STREET
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	CAI, PAN-CHENG <input type="checkbox"/> DELETE
NAME	644 N. US 1
STREET ADDRESS	TEQUESTA, FL 33469
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: **X PANICCATOIE RECHIRPAN-CHENG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 **(561) 748-5939**
Date Daytime Phone #

CR2E034 (11/98)