

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

DOCUMENT # P98000017334

1. Corporation Name

MONITECH INSTRUMENTS, INC

Principal Place of Business

8270 CLEARY BLVD, #2707
PLANTATION, FL 33324

Mailing Address

8270 CLEARY BLVD, #2707
PLANTATION, FL 33324

2. Principal Place of Business

21 1930 NW 38th TERRACE

Suite, Apt. #, etc.

22

City & State

23 COCONUT CREEK, FL

Zip

33066

Country

25 USA

2a. Mailing Address

26 1930 NW 38th TERRACE

Suite, Apt. #, etc.

27

City & State

28 COCONUT CREEK, FL

Zip

33066

Country

30 USA

9. Name and Address of Current Registered Agent

YINGLI WANG
8270 CLEARY BLVD, #2707
PLANTATION, FL 33324

81 Name

YINGLI WANG

82 Street Address (P.O. Box Number is Not Acceptable)

83 1930 NW 38th TERRACE

84 City

COCONUT CREEK

FL

85 Zip Code

33066

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

[Signature]

YINGLI WANG

3/1/99

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent's signature required when registering)

TITLE [] DELETE

NAME D YINGLI WANG
STREET ADDRESS 8270 CLEARY BLVD, #2707
CITY-ST-ZIP PLANTATION, FL 33324

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

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CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [X] Change [] Addition

12 NAME D YINGLI WANG address.

13 STREET ADDRESS 1930 NW 38th TERRACE

14 CITY-ST-ZIP COCONUT CREEK, FL 33066

21 TITLE [] Change [] Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE [] Change [] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

4000002800684-15

03/10/99--01050--020

****150.00 ****150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

(561) 912-5945

Date

Daytime Phone #

CR2E034 (11/98)