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 # P98000040215

1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90079 002 ***150.00

LI & NO	BY, INC.				
	(8)	Marillan Address			
Principal Place of Business Mailing Address					
1720 NORTH 55TH AVENUE 1720 NORTH 55TH AVENUE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021					
HOLLINGOD PE 33021.					DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualifed 05/04/1998
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21	26			65-0839403 Not Applicable	
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 City & State					6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. Yes No
	9. Name and Address of Currer	nt Registered Agent	-		10. Name and Address of New Registered Agent
CII ik	ICC INC		81	Name	•
FILINGS, INC.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
3732 N.W. 16TH STREET			L		
FILI	LAUDERDALE FL 33311-4132		83	ĺ	
	- 1		84	City	85 Zip Code
					FL 10 Et 000
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, the	e above ized hv	e-named corporation	oration submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	Statutes		on's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age			nt signature required	
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	_	.1 TITLE	1	Charles Charles
NAME	LI, WOON S		2 NAME		
STREET ADDRESS	1720 NORTH 55TH AVENUE	<u>l</u>	.3 STREE	TADDRESS	·
CITY-ST-ZIP	HOLLYWOOD FL 33021		.4 CITY-S	T-ZIP	
TITLE			1.1 TITLE		
NAME			.2 NAME		
STREET ADDRESS			2.3 STREE	T ADDRESS	•
CITY-ST-ZIP			. 4 СЛY-S	ST-ZIP	D Character D Addition
TITLE			3.1 TITLE		. Change Addition
NAME		1	3.2 NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS]	3 STREE	T ADDRESS	The things of
CITY-ST-ZIP			3.4. CITY-S	iT-ZIP	Chance Addition
TMLE		- 1	I.1 TITLE	1	☐ Change ☐ Addition
NAME		j.	I. 2 NAME		•
STREET ADDRESS			L3 STREE	TADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		F .	1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		E 500-10	6.1 TITLE		. Change Addition
NAME			3.2 NAME		
STREET ADDRESS	l	Į.	3.3 STREE	T ADDRESS	
				l l	

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