ANNU	JAL REPORT		Secretary,		TILLU	
	1999		DIVISION OF CO		99 MAY 24 M	110: 19
DOCUMENT # P98000041107 1. Corporation Name				SUGREMARY OF STATE TALL /JAQUEE, FLORIDA		
	, INC. Universit	y Drive #1	15			
Cora	al Springs,	Florida 3	3065			
Principal Plac	e of Business	Maili	ing Address		8000028	947986
Same as above Same as above					~06/04/93~-01828~-003 po ************************************	
-					3. Date Incorporated or Qualifed	i
					5/6/98	
2. Principal P	lace of Business	2a. N	Aailing Address		4. FEI Number	Applied For
21		26			65-0833484	Not Applicable
Suite, Apt. #, etc		f ,	Suite, Apt. #, etc		5. Certificate of Status Desired [\$8.75 Additional
City & Stat		27	City & State			
23		28	ony a onne		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Countr		Sip	Country	8. This corporation owes the current y	year Intangib e
24	25	29	30	o) ,	Personal Property Tax.	[175s 🛣 INO
	9. Name and Addre	ess of Current Registe	red Agent	04 Name	10. Name and Address of New Regi	stered Ager t
Chi Chang Shen						
1840 N.W. 124 Way Coral Springs, Florida 33071 82 Street Address				ess (P.O. Box Number is Not Acceptable)		
				ļ. ļ		
				84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sec	tions 607.0502 and 607	.1508, Florida Statutes,	the above-named corpo	oration submits this statement for the purp	ose of charging its registered
	egistered agent, or both im familiar with, and aco				in's board of directors. I hereby accept the	e appointment as registered
SIGNATURE						
	Signature, typed or printed name	a of registered agont and title if a DFFICERS AND DIREC		egistered Agent signature required I 13 .	# # ADDITIONS CHANGES TO OFFICE	DATE
TITLE D			DELETE	. 1.1 TILE	ADDITIONS CHANGES TO OFFICE	Change [Addition]
NAME D	Shen, Yun	g-rang		12 NAME		, , , , , ,
STREET ADDRESS	3111 Univ	ersity Dri		1.3 STREET ADORESS		
CITY-ST-ZIP	Coral Spr	ings, Fi.	33065	1.4 CITY-S1-ZIP		
TITLE D/P	Chan Chi	Ohana	DELETE	21 TITLE		[Change [Addition
NAME JE	Shen, Chi 1840 NW 12			22 NAME		
STREET ADDRESS	Coral Spri	ings, Fl. 3	2071	23 STREET ADDRESS		
CITY-ST-ZIP	Joen Spri	95, 11.		2 4 CITY-ST-ZIP		<u> </u>
TITLE D/S	Shen, Jen	Wang	DELFTE	31 TITLE	•	[Change [¡Addoor
NAME	1840 NW 12	24 Way		3.2 NAME		
STREET ADDRESS	Coral Spri	ings, Fl. 3	3071	33 STREET ADDRESS		ĺ
CITY-ST-ZIP	} · · · · · · · · · · · · · · · · · · ·		FIDELITE	34 CITY-51-2IP		Faceina' Friedrica'
TITLE			☐ DELETE	4 1 TITLE		[] Change [] Addition
NAME PROJECT ADODROS				4.2 NAME		
STREET ADDRESS				43 STREET ADDRESS		
CITY-ST-ZIP TITLE			E I DELETE	4.4 C/TY-ST-ZIP 5.1 TiTL€		[Change
NAME				52 NAME		
STREET ADDRESS			1	53 STREET ADDRESS		
CITY-ST-ZIP				54 CITY-ST-ZIP		
TITLE	† ··		[] DELETE	61 TITLE		[Change Addition

63STREET ADDRESS

64 CITY-ST-ZIP

FLORIDA DEPARTMENT OF STATE

Katherine \arris

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

PROFIT

CORPORATION

NAME

STREET ADDRESS

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 certif: that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under bath, 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 TYPEO OR PRINTED MARK OF SIGNING OFFICER OR DIRECTOR.

Day-min Practice.

Day-min Practice.

Day-min Practice.

[] Change

[] Addition

FILED