PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000057894

DR. XIN-YUE JIANG, INC.

Mailing Address Principal Place of Business 4540 W KENNEDY BLVD 4540 W KENNEDY BLVD TAMPA FL 33609 TAMPA FL 33609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/26/1998 2a. Mailing Address FEI Number 2. Principal Place of Business F 26 21 Suite, Apl. #, etc. Suite, Apt. #, etc. 22

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90080 015 ***150.00

Applied For

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible . 🔲 Yes -Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JOYCE, JERRY L 82 Street Address (P.O. Box Number is Not Acceptable) 204 N MACDILL AVE **TAMPA FL 33609** 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed marks of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Scang, Kin-Vue Dr. Apt A 1.1 TRE TITLE Jiang, Xin-Yue dr 12 NAME NAME 3909 W CLEVELAND ST, #213 1.3 STREET ADDRESS STREET ADDRESS AMOR FL 33014 TAMPA FL 33609 1.4 CITY-ST-ZP Zherq, Shui-Guo Drixchange E 5002 Louis XIX Ct Apt A CITY-ST-Z# ☐ DELETE 2.1 TITLE TITLE zheng, shui-guo dr 22 NAME MAME 3909 W CLEVELAND ST. #213 2.3 STREET ADDRESS STREET ADDRESS IAMPA, FL TAMPA FL 33609 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Addition Change OELETE. 4.1 TITLE-TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-73P CITY-57-2IP Сталде Addition ☐ DELETE 6.1 TITLE TILE NAME **6.3 STREET ADDRESS** 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 Statutas. 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 changeds or on an attachment with an appress, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PROVIDED NAME OF SIGNAND OF PICER OR DIRECTOR

3/22/99

Daytime Phone #