

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90044 018 ***150.00

0105873

DOCUMENT # P98000060873

1. Corporation Name

SCOPERICH INSTRUMENTS, INCORPORATED

Principal Place of Business

12172 DESCARTES COURT, STE. 2
ORLANDO FL 32826

Mailing Address

12172 DESCARTES COURT, STE. 2
ORLANDO FL 32826

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1998

4. FEI Number

59-3519774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 9318 E. COLONIAL DRIVE

Suite, Apt. #, etc.

22 A-10, TOWER SQUARE CTR

City & State

23 ORLANDO, FLORIDA

Zip

24 32817

Country

25 U.S.A.

2a. Mailing Address

26 9318 E. COLONIAL DR.

Suite, Apt. #, etc.

27 A-10, TOWN SQUARE CTR

City & State

28 ORLANDO, FLORIDA

Zip

29 32817

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SHI, JIE

12172 DESCARTES COURT, STE. 2
ORLANDO FL 32826

10. Name and Address of New Registered Agent

81 Name

SHI, JIE

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

9318 E. COLONIAL DRIVE, SUITE A-10

83

TOWER SQUARE CENTER.

84 City

ORLANDO

FL

85 Zip Code

32817

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

JIE SHI

1-29-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SHI, JIE

STREET ADDRESS 12172 DESCARTES COURT, STE. 2

CITY-ST-ZIP ORLANDO FL 32826

TITLE V ☐ DELETE

NAME HAN, XIAOFENG

STREET ADDRESS 13541 BLUEWATER CIRCLE

CITY-ST-ZIP ORLANDO FL 32828

TITLE V ☐ DELETE

NAME QIAN, SHUNNING

STREET ADDRESS 1115 BALLY SHANNON PARKWAY

CITY-ST-ZIP ORLANDO FL 32828

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

Date

407-823-9032

Daytime Phone #

CR2E034 (11/98)