PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000079950

1. Corporation Name

ABBA COMPUTER, INC.

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90015 020 ***150.00



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Principal Place			Mailing Addre	_								
469 LAKE ROAD 469 LAKE ROAD LAKE MARY FL 32746 LAKE MARY FL 32746							ļ					
LANK MANTE IS SELTO								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed				
								09/16/1998		- 1 -		
2. Principal Place of Business 2a. Mailing Address								4. FEI Number 25729	<i>f_</i>	 _	Applied For	
21 59/	BEVILLE	RD.,	26 57/	BEVILL	= KI	ر.ا	-	<u> 59- 353281</u>	<u> </u>		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								5. Certifcate of Status Desired			Additional Required	
22 27							$\neg \neg$	6. Election Campaign Financing		\$5.00	May Be	
23 SOUTH DAYTONA, FL. 28 SOUTH DAYTON							4.	Trust Fund Contribution		Added	to Fees	
Zip	Country	1			Country			8. This corporation owes the curren	t year Inta	<u> </u>		
24 3211	9 25		29 321	19 30)			Personal Property Tax.		☐ Yes	Z/No	
	9. Name and Address	s of Current F	Registered Age	nt		г		10. Name and Address of New Re	jistered /	Agent	*	
	II OURTH BANA				81	Name	1	-				
SHIEU, SHIEH-DONG							82 Street Address (P.O. Box Number is Not Acceptable)					
469 LAKE ROAD								<u> </u>				
LAKE	MARY FL 32746				83							
					84	City			FL	85 Zip	o Code	
	to the constitute of Deaths	007 0500		lorido Statutas	the above	n-pamed	1 comor	ation submits this statement for the pu		changing i	ts registered	
Office or re	anistered agent or both i	n the State of	Florida Such ch	range was auth	iorized by	the com	oration	s board of directors. I hereby accept t	he appoir	itment as r	registered	
agent. I a	m familiar with, and accep	t the obligation	ns of, Section 60	17.0505, Florida	a Statutes	•						
SIGNATURE	Signature, typed or printed name of	f registered agent ar	nd title if applicable	(NOTE: Re	gistered Ager	nt signature	required w	hen reinstating)	DATE			
12.	OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO OFFI		D DIRECT		
TITLE				DELETE	1,1 TITLE		DA			☐ Change		
NAME					1.2 NAME		151	CESIDENT HIEH-DONG SHIEU				
STREET ADDRESS					1.3 STREE	T ADDRESS		,				
CITY-ST-ZIP					1.4 CITY-S	T-ZIP	1					
TITLE				DELETE	2.1 TITLE	······	V	0.		Change	e 💢 Addition	
NAME					2.2 NAME		SH	ENGTAO OSCAR W	4NG			
STREET ADDRESS					2.3 STREE	T ADDRESS			•			
CITY-ST-ZIP					2.4 CITY-5	ST-ZIP						
TITLE				DELETE	3.1 TITLE		58	c.		☐ Change	Addition	
NAME					3 2 NAME		DA	TRICK PADONI HS	IEH			
STREET ADDRESS					3.3 STREE	T ADDRESS	s / ' '	1/0	_			
CITY-ST-ZIP					3.4. CITY- S	ST-ZIP						
TITLE				DELETE	4,1 TITLE					☐ Change	e	
_ NAME					4.2 NAME							
STREET ADDRESS					4.3 STREE	TADDRESS	s					
CITY-ST-ZIP					4.4 CITY-S	T-ZIP						
TITLE	, , , , , , , , , , , , , , , , , , , ,	-		DELETE	5.1 TITLE					☐ Change	e	
NAME					5.2 NAME				*			
STREET ADDRESS					5.3 STREE	T ADDRESS	S		,	· · ·		
CITY-ST-ZIP	<u> </u>				5.4 CITY-S	T-ZIP				·	<u>_</u>	
TITLE				DELETE	6.1 TITLE					☐ Change	e	
NAME			V	-	6.2 NAME							
STREET ADDRESS					6.3 STREE	T ADDRESS	S					
					CACITY O	* 200	1					

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.

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR