

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90001 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000084360

1. Corporation Name
TECHONE SYSTEMS, INC.



Principal Place of Business 12760 VISTA ISLE DRIVE UNIT 722 SUNRISE FL 33325	Mailing Address 12760 VISTA ISLE DRIVE UNIT 722 SUNRISE FL 33325
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1998

2. Principal Place of Business 21 10791 NW 53rd ST	2a. Mailing Address 26 10791 NW 53rd ST
Suite, Apt. #, etc. 22 #115	Suite, Apt. #, etc. 27 #115
City & State 23 SUNRISE, FL	City & State 28 SUNRISE, FL
Zip 24 33351	Country 25 U.S.A
Zip 29 33351	Country 30 U.S.A

4. FEI Number 65-0866349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUNG, KYOUNGKUM	1.2 NAME	
STREET ADDRESS	12760 VISTA ISLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33325	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUNG, DAIYU	2.2 NAME	
STREET ADDRESS	12760 VISTA ISLE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33325	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **SIGNATURE** *[Signature]* **Daiyu Chung** 8/16/99 (954) 747-1877

CR2E034 (5/99)

618284-90001-28
098000084360

**Division of Corp.
Annual reports Filings
PO Box 1500
Tallahassee Fl 33302**

**Techone Systems, inc
10791 NW 53rd St #115
Sunrise, Fl 33351
(954) 747-1877**

9/11/1999

Dear Sir/Mam'm

I am enclosing the annual report with a check for \$150. We never received the first notice for the annual report request. Since the request was sent to our apartment address with our company name, it is possible that the mail person may have returned it back to you.

In anyway, when we inquired about this, we were told to go ahead and write this letter, and submit a check for \$150.

Thank you.

Sincerely,



**Daiyu Chung
Vice President**