

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
CLERK OF CIRCUIT COURT
JULY 13 1999

99 AUG 13 AM 10:14

547222-90018-46

05-10-99 90271 045 \$150.00

DO NOT WRITE IN THIS SPACE

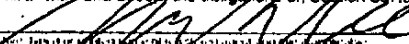
3. Date incorporated or Qualified 11/98	4. FEI Number 65-0873527	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	6. Election Campaign Financing Trust Fund Contribution ☐	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No		

Principal Place of Business 1922 N Military Trail WPB FL 33409	Mailing Address
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2. Principal Place of Business 31. 1922 N. Military Trail Suite, Apt. #, etc.	2a. Mailing Address 32. Suite, Apt. #, etc.
23. City & State West Palm Beach	27. City & State
24. Zip 33409	28. Zip Country

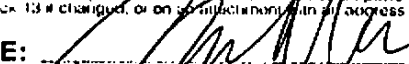
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81. Name Minh Lee		82. Street Address (P.O. Box Number is Not Acceptable) 1922 N. Military Trail	
83. City West Palm Beach FL		84. Zip Code 33409	

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 agent 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:  DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. NAME President Minh Lee 1922 N. Military Trail WPB FL 33409	☐ DELETE	11. NAME 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	☐ Change ☐ Addition
15. NAME	☐ DELETE	21. NAME 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	☐ Change ☐ Addition
16. NAME	☐ DELETE	31. NAME 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	☐ Change ☐ Addition
17. NAME	☐ DELETE	41. NAME 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	☐ Change ☐ Addition
18. NAME	☐ DELETE	51. NAME 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	☐ Change ☐ Addition
19. NAME	☐ DELETE	61. NAME 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) Florida Statutes. Further certify that the verified report and report of the corporation or the receiver or trustee empowered to execute the report is required by Chapter 607, Florida Statutes, and that my name appears on the report.

SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2024 (10-97)