PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-23-1999 90106 024 ***150.00

DOCUMENT # P98000097062

2a. Mailing Address	- 4
	;
P.O. BOX 366822 Bonita Springs FL 34136	<u> </u>
Mailing Address	
	P.O. BOX 366822 BONITA SPRINGS FL 34136

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

3. Date incorporated or Qualifed							
11/10/1998							
4. FEI Number			ΓI	Applied For			
.65=0887886				Not Applicable			
5. Certifcate of Status Desired		\$	\$8.75 Additional Fee Required				
Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees				
This corporation owes the curre Personal Property Tax.	ent yea		de (es	□No			
10 Name and Address of New R	Registe	red Ager	nt				

DO NOT WRITE IN THIS SPACE

800 LAUREL OAK DRIVE, #200 NAPLES FL 34108

		10. Name and	Address of New h	rediztered Wi	gent	_
81	Name					
82	Street Add	ress (P.O. Box Nun	nber is Not Accepta	ible)		
83	-					
84	City			FL	85	Zip Code

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 Signature, typed or pnn(ed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIF		13.	ADDITIONS/CHANGES TO OFFICERS AND DIR					
TITLE	D	DELETE	1,1 TITLE	cr	nange				
NAME	HWANG, SUNG H		1.2 NAME						
STREET ADDRESS	4817-B GARY ROAD		1.3 STREET ADDRESS		}				
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP						
ΠLE	D	□ DELETE	2.1 TITLE		hange				
NAME	HWANG, HAESUK		2.2 NAME						
- STREET ADDRESS	4817-B GARY ROAD		2.3 STREET ADDRESS						
CITY-ST-ZIP	BONITA SPRINGS FL 34134		2.4 CITY-ST-ZIP						
TITLE		□ DELETE	3.1 7ITLE		nange 🗌 Addition				
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE	□cı	hange				
NAME			4.2 NAME		}				
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE	□ Ci	hange				
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE		hange				
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 chapter 607, or on an attachment with anyaddress, with all other like empowered.

SIGNATURE:

Daytime Phone #