

DOCUMENT # P99000092762

1. Entity Name

KEERY SING, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

01-18-2000 90134 039 ***150.00

Principal Place of Business

75 EAST NASA BLVD.
MELBOURNE FL 32901

Mailing Address

75 EAST NASA BLVD.
MELBOURNE, FL 32901-1933

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3604449Applied For ☐
Not Applicable ☐5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUNYAN, GARY G
 3360 S. BANANA RIVER BLVD.
 COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name M. L. FUNG

Street Address (P.O. Box Number is Not Acceptable)
1536 PALM WOOD DR.

City MELBOURNE, FL

FL

Zip Code
32935

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	M. L. FUNG	
STREET ADDRESS	1536 PALM WOOD DR.	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	SECR.	<input type="checkbox"/> Delete
NAME	HUI FANG FUNG	
STREET ADDRESS	1536 PALM WOOD DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32935	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAK Leung Fung
 Date Jan. 8, 2000 Daytime Phone 407-9841846

CR2E034 (9/99)