1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90018 019 ***150.00

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DOCUMENT	#	<u>S01</u>	508
1. Corporation Name		OU I	

TING KUOH SHIH, INCORPORATED

Principal Place	e of Business	Mailing Address			- The state of the			
6636 S. FEDERAL HWY. PORT ST. LUCIE FL 34952 US 6636 S. FEDERAL HWY. PORT ST. LUCIE FL 34952 US				DO NOT WRITE I	N THIS SPACE			
					3. Date Incorporated or Qualifed 09/20/1990			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 65-0219656	<u> </u>	Applicable	3363
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		5. Certifcate of Status Desired	\$8.75 A Fee Red	I	ż.
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to		
Zip	Country 25	Zip 29 30	Count	у	This corporation owes the current personal Property Tax.		No	
24	9. Name and Address of Curre	11	' 1		10. Name and Address of New Regi	stered Agent	·	
	5. Name and Address of Curre	ent Neglaterou Agent	8	1 Name				
	I, TING KUO 2 PYRAMID ROAD		8	2 Street Add	dress (P.O. Box Number is Not Acceptable))		
	T ST. LUCIE FL 34952		8	3				
			8		किंद्रा के पूर्व के किंद्रा के कि	FL 85 Zip C		
" office Ar n	naidtered agent or both in the State	e of Florida. Such change was auth	norizea c	v ine corpora	rporation submits this statement for the pur tion's board of directors. I hereby accept th	e appointment as reg	gistered	
signature	Signature, typed or printed name of registered ag	pations of, Section 607.0505, Florida pent and title if applicable. (NOTE: Re	a Statute	: S.		DATE	DO IN 12	6
∴ agent. I a	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE: Re	a Statute	: S.	ired when reinstating) · 보호를 ; ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO		4,00)
SIGNATURE	Signature, typed or printed name of registered ag	pations of, Section 607.0505, Florida pent and title if applicable. (NOTE: Re	a Statute	ent signature requi		·	RS IN 12	1441001
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agent. I all SIGNATURE 12. TITLE	Signature, typed or printed name of registered as OFFICERS A DP SHIH, TING KUO	pent and title if applicable. (NOTE: Re	a Statute egistered Ac 13. 1.1 TITLE 1.2 NAMI	ent signature requi	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO		(00) 144 (00)
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Agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS ADP SHIH, TING KUO 2102 PYRAMID RD. PORT ST. LUCIE FL	pent and title if applicable. (NOTE: Re NOTE: Re	a Statute 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 4.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAM	ent signature requi	ADDITIONS/CHANGES TO OFFICE	Change	Addition Addition Addition	(80) (4) (60000000
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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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS