## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V19418

(5)

CHIEN KUN, INC.

SIGNATURE:

Principal Place of Business Mailing Address 2335 SOUTH WASHINGTON AVENUE 2335 SOUTH WASHINGTON AVENUE TITUSVILLE FL 32780-4737 TITUSVILLE FL 32780 3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1992 04/18/1996 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-311295 Not Applicable 21 26 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 28 23 Country Country 8. This corporation has liability for jetangible tax under s. 199.032, Ζip Yes No 30 Florida Statutes 29 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name WANG, FU CHIEN 2335 SOUTH WASHINGTON AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32780 83 84 City 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change \_\_\_ Addition 1.1 TITLE TITLE WANG, FU CHIEN 1.2 NAME NAME **1616 CARRIAGE DRIVE EAST** 1.3 STREET ADDRESS STREET ADDRESS TITUSVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition Wang, Fu Kun 2.1 TITLE TITLE 2.2 NAME NAME Good Winchestor Dr. OTTO TITUSUILLE, FL3120 DELETE 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - 7IP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP 14. I do 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

**FILED** Feb 06 1997 8:00am Secretary of State

