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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

FILED Mar 10 1998 8:00am Secretary of State

ACUSC	OFT, INC.				
Principal Place	of Business	Mailing Address			(B)(910() 850)) D(D)(B)(I) (B)(
12249 SCIEN		12249 SCIENCE DR			
SUITE 130	<i>5</i> . 5.1	SUITE 130		DO NOT WOLTE IN THE	0.00405
ORLANDO FL	. 32826	ORLANDO FL 32826		DO NOT WRITE IN THI 3. Date incorporated or Qualified	S SPACE.
US		US			
A Dringing Di	ace of Business	2a. Mailing Address		05/28/1992 4. FEI Number	Applied For
21 PINCIPALEI	ace of Busilioss	26		59-3126286	Not Applicable
		Suile, Apt. #, etc			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes L No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
LA	na y liu		81 Name	ANA Y. Liu	
12249 SCIENCE DR, SUITE 130			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	HTE-2600		4-1		
ORLANDO FL 32826			183 (a24	t9 Science Dr. , Sui	te 130
			84 City	7 1 3013100 211 3	85 Zip Code
				Irlando F	L 338岁(6)
11, Pursuant I	to the provisions of Sections 607.050;	2 and 607,1508, Florida Statut of Florida, Such change was a	es, the above-named corp authorized by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered popintment as registered
agent. I a	m familiar with, and accept the obliga	alions of, Section 607.0505, Flo	orida Statutes.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE					
	Signature, typed or proted came of registered age		E Registered Agent signature requi		NO DIOCOTODO IN 40
12.	OFFICE HS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	DP	☐ DELETE	1.1 TITLE	JENTAD LYOU.	C change N Addition
NAME	LIU, JESSE W		1.2 NAME	JEN 170 LIVA	_
STREET ADDRESS	9941 LK. GEORGIA DR.		1.3 STREET ADDRESS	764 DAK GLEN CITCH	10
CITY-ST-ZIP	ORLANDO FL 32817	Percen	1.4 CITY-ST-ZIP	Original FL 328	☐ Change ☐ Addition
TITLE	TS	☐ DELETE	2.1 TITLE		[] Change [] Vanition
NAME	LIU, LANA YON		2 2 NAME		
STREET ADDRESS	9941 LK. GEORGIA DR.		2.3 STREET ADORESS		
CITY - ST - ZIP	ORLANDO FL	- I pricat	2. 4 CITY-ST-ZIP		Change Addition
TITLE		L] DELETE	3.1 TITLE		CT change CT vocition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T Dructe	3.4. CITY - ST - ZIP		Change Addition
THLE		☐ DELETE	4.1 TITLE		The principle The volution
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Deritati	4.4 CITY-ST-ZIP		Change Addition
TITLE		DELÉTE	51 TITLE		The First Management
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		Throng	5 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	L		6.4 CITY-ST-ZIP	O-10-140 07/0V0 Florida Otal 4-14 14	and the that the information
14. I hereby	certify that the information supplied w	rith this filing does not qualify f	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 a 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 attraction with an address

SIGNATURE: