

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90003 048 \*\*\*158.75

DOCUMENT # V39401

1. Corporation Name  
ACUSOFT, INC.

Principal Place of Business

12249 SCIENCE DR  
SUITE 130  
ORLANDO FL 32826  
US

Mailing Address

12249 SCIENCE DR  
SUITE 130  
ORLANDO FL 32826  
US

2. Principal Place of Business

21 12249 Science Dr.

22 Suite, Apt. #, etc. 160

23 City & State Orlando FL

24 Zip 32826 25 Country Orange

2a. Mailing Address

26 12249 Science Dr.

27 Suite, Apt. #, etc. 160

28 City & State Orlando FL

29 Zip 32826 30 Country Orange

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1992

4. FEI Number

59-3126286

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

□ Yes

X No

9. Name and Address of Current Registered Agent

LANA Y LIU  
12249 SCIENCE DR, SUITE 130  
SUITE 2600  
ORLANDO FL 32826

10. Name and Address of New Registered Agent

81 Name

Lana Y. Liu

82 Street Address (P.O. Box Number is Not Acceptable)

83 12249 Science Dr. Suite 160

84 City

Orlando

FL

85 Zip Code

32826

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

*Lana Y. Liu* LANA Y. LIU

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME LIU, JESSE W  
STREET ADDRESS 9941 LK. GEORGIA DR.  
CITY-ST-ZIP ORLANDO FL 32817

TITLE TS ☐ DELETE

NAME LIU, LANA YON  
STREET ADDRESS 9941 LK. GEORGIA DR.  
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE

NAME LYOU, WENTAO  
STREET ADDRESS 10764 OAK GLEN CIR  
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

LYOU, WENTAO

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.

SIGNATURE:

*Lana Y. Liu* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99 (407) 658-9888

0108037

CR2E034 (1/1/98)