SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT # V4067**1 (2)POLY TECH DEVELOPMENT, INC. Principal Place of Business Mailing Address 794 BIG TREE DR. 8547 SIDON ST **CANTERBURY SQUARE** CANTERBURY SQUARE LONGWOOD FL 32750 ORLANDO FL 32817 3. Date Incorporated or Qualified 3a. Date of Last Report 06/01/1992 *05/01/1995* 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3133306 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAO, FRANCIS C. 8547 SIDON STREET 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE DELETE **PST** 1.1 THILE Change Addition NAME KAO, FRANCIS C. 1.2 NAME CR2E034 STREET ADDRESS 8547 SIDON STREET 13 STHEET ADDRESS ORLANDO FL CITY-ST-ZIP 14 City - St - ZiP TITLE DELETE D Change ____ Addition 21 TrILE HO, DONNY NAME 2.2 NAME **87 LAICHKUK ROAD** STREET ADDRESS 2.3 STREET ADDRESS HONG KONG JA CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 L HILE Change Addition NAME CHOW, RAFAEL 3.2 NAME STREET ADDRESS **52 ELLENHALL SQUARE** 3 3 STREET ADDRESS SCARBOROUGH ON CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE D DELETE 4.1 JITLE Change Addition NAME SHUNG, STEPHEN 4. 2 NAME 311 PINEWOOD DR STREET ADDRESS 4.3 STREET ADDRESS THORNHILL ON CITY-ST-ZIP 4.4 City - St - ZIP TITLE S DELETE 5.1 IMUE Change Addition NAME KAO. JENNIFER S 5.2 NAME STREET ADDRESS 8547 SIDON ST 5.3 STHEET ADDRESS ORLANDO FL CITY-ST-ZIP 5.4 C-TY - ST - ZIP Change Addition TITLE DELETE 6 1 TITLE 10000191881 -08/12/96--01019--014 NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida State further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature small have the section of the corporation or the receiver or trustee empowered to execute this report as required to Chapter 617, Florida Statement with an address. SIGNATURE: