| S<br>Amol  | ECOND N  | OTICE: CORP                                       | ORATION WIL<br>8/7/96: \$225 (IF                                  | L BE DISSOL  | VED ON OR AFTE  | R AUGUS                                   | ST 7, 19<br>Instate           | 996.<br>• \$375.)       |   |  |  |          |
|--|--|---|---|--|---|---|-------------------------------|-------------------------|---|--|--|----------|
| AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE<br>PROFIT<br>CORPORATION |  |   |   |  |   | ARIMENT                                   | OF STA                        | ·····                   |   |  |  |          |
|  |  | AL REPOR  |   |  |   | i B. Mortha<br>tary of Sta                |                               |                         |   |  |  | l        |
| 1996 DIVISION OF CORPORATIONS  |  |   |   |  |   |   |                               | S                       |   |  |  | ļ        |
|  |  | IENT #  | V442  | 203  | (0)   |   |                               |                         |   |  |  |          |
|  |  |   | FAURANT, I  |  | (-)   |   |                               |                         |   |  |  | ĺ        |
|  |  | DIAN NEU  |   | NU:  |   |   | DYANT BUTCH DYANY (DD)        |                         |   |  |  |          |
| Principal Place of Business Mailing Address  |  |   |   |  |   |   |                               |                         |   |  |  |          |
|  | AN STAR  |   |   |  | 6181 HWY 90   |   |                               |                         |   |  |  |          |
| MILT   | 6181 HWY 90<br>MILTON FL 32570   |   |   | MI   | MILTON FL 32570   |   |                               |                         | 3. Date Incorporated or Qualified   | 3a. Date of                            | Last Report                              |          |
| US<br>2. Pri   | incinal Plac   | e of Business                                     |   | 2a   | Mailing Address   |   |                               |                         | 06/15/1992<br>4. FEI Number   | 05/16/                                 | 1995                                     | 1        |
| 21   |  |   |   |  | 26  |   |                               |                         | 4. FEI Number<br>59-3128877   |  | Applied For<br>Not Applicable            |          |
| 50<br>22   | iite, Apt. #.  | te, Apt. #, etc.                                  |   |  | Suite, Apt. #, etc.   |   |                               |                         | 5. Certificate of Status Des-red  | \$                                     | 8.75 Additional<br>Fee Required          |          |
| ·····  | City & State   |   |   | ·  | City & State  |   |                               |                         | 6. Election Campaign Financing<br>Trust Fund Contribution                           |  | <b>5.00</b> May Be<br>Added to Fees      |          |
| Zır.<br>24   | D  | Country<br>25                                     |   |  | Zip   |   | Country                       |                         | B. This corporation has liability for a Florida Statutes                            | ntangible tax u                        | inder s. 199.032,                        |          |
| <b>4</b>   |  |   | Address of C  | 29<br>Irrent Registe                               | red Agent   | 30  |                               |                         | 10. Name and Address of New Reg   | Yes No<br>gistered Agen                |  |          |
| Chan, Timmy<br>5577 Northrop RD  |  |   |   |  |   |   |                               |                         |   |  |  |          |
|  |  | NORTHROP<br>ON FL 3257(                           | -   |  |   |   |                               | itréet Auon             | oss (P.O. Box Number is Not Acceptabl   | c)<br>                                 |  | ļ        |
|  |  |   |   |  |   |   | 83                            | • .                     |   | ······································ |  |          |
| 44 0   |  | 4   | 10  | 2500   |   |   |                               | Dity                    |   | FL <sup>85</sup>                       |  |          |
| 11. F<br>0 <br>a;  | ursuancio<br>ffice or reg<br>gent: Lam :   | the provisions<br>istered agent,<br>familiar with | of Sections our<br>or both, in trie \$<br>hd ac <b>cept</b> the c | 0502 and buy<br>state of Florida<br>burations of 1 | . 1508, Florida Statu<br>Such change was<br>Section 607.0505, F | ites, the ar<br>authorized<br>Iorida Stat | bove-na<br>d by the<br>lutes. | med corpo<br>corporatio | ration submits this statement for the puin's board of directors. Thereby accept     | rpose of chan-<br>the appointme        | ging its registered<br>int as registered | i        |
|  | ATURE _  | piatur typestorpe                                 | u neu   | Chan   | BIE TTEN  | CHAN                                      | ×                             | liere                   | tay<br>a whom you statungs  | 6/241                                  | 96                                       |          |
| 12.  | <b>r</b>   | OFFICERS AND                                      |   |  | DIRECTORS   |   |                               | ghatare regions         | ADDITIONS/CHANGES TO OFFIC  |  | ECTORS IN 12                             | 96)<br>- |
| TITLE<br>NAME  |  | D<br>Chan, timmy                                  |   |  | DELETE  | 1 1 TIRE<br>1 2 NAME                      |                               |                         |   |  | Change L_] Addition                      | 4 (3/96) |
|  | ADDRESS  | SS 5577 NORTHROP RD                               |   |  |   | 1 3 STREET ADDRESS                        |                               | RESS                    |   |  |  | 2E034    |
| CITY-ST<br>THLF  |  | MILTON FL   |   |  | DELETE  | <u>140</u><br>211                         | DITY-ST-7                     | IP                      |   |  | C  | CHZ      |
| NAME   |  | CHAN, BIE T.                                      |   |  |   | 2 2 NAME                                  |                               |                         |   | LJ                                     |  |          |
| STREEF<br>CITY-ST  |  |   |   |  |   | 2 3 STREET ADDRESS<br>2 4 CITY - ST - ZIP |                               | 1                       |   |  |  | i        |
| THE  |  |   |   |  | DELETE  | 3.1 THLE                                  |                               | .IF                     |   |  | Change Admion                            |          |
| NAME   | ADDRESS  |   |   |  | 3 2 NAME<br>3 3 STREET ADORE                                    |   | 10555                         |                         |   |  |  |          |
| CITY-ST  |  |   | <b></b>   |  |   |   | CITY - ST - Z                 |                         |   |  |  |          |
| DTLE<br>NAME   |  |   |   | DELETE   | 4.1 TITLE<br>4.2 NAME   |   |                               |                         |   | Change Addition                        |  |          |
|  | ADORESS  |   |   |  |   |   | STREET ADD                    | IRESS                   |   |  |  |          |
| CITY-SI<br>TITLE   | [-ZIP  |   |   |  | DELETE  |   | ATY - ST - Z                  | Р                       |   |  |  |          |
| NAME   |  |   |   |  | 5 1 TITLE<br>5 2 NAME   |   |                               | L] (                    | Change 🔄 Addition   |  |  |          |
|  | ADDRESS  |   |   |  |   | 538                                       | VREET ADE                     | DRESS                   |   |  |  |          |
| COY-ST<br>TULE   | <u>11-204</u>  |   |   |  | DELETE  | 5.4 CITY - ST - ZIP<br>TE 6.1 TITLE       |                               | P                       |   |  | Change Addition                          |          |
| NAME   |  |   |   |  |   | 6 2 N                                     | IAME                          |                         |   |  |  |          |
| STREET J   | ADORESS<br>[-7]P   |   |   |  |   |   | itref 1 add<br>Dty - St - Zi  |                         |   |  |  |          |
| 14.   t<br>fu  | do hereby or the certification of the certification | y that the infor                                  | mation indicate   | o on this annu:                                    | at report or supplen:   | urnished a                                | and doe                       | s not qualil            | y for the exemption stated in Section 1<br>ind accurate and that my signature shall | have the earn                          | a locial official as if                  |          |
| m  | ade under  | oato, that i an                                   | i an officer or d   | rector of the o                                    | provation or the rec<br>I or on an attachme                     | peiver or tr                              | rustee e                      | mpowered                | To execute this report as required by C   | hapter 617, Flo                        | orida Statutes, and                      |          |
| SIGNATURE: Bie Gen Chan Survetary 6/24/96 904-626-4339   |  |   |   |  |   |   |                               |                         |   |  |  |          |