


FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90061 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V55865 1. Corporation Name MICRO ABACUS, INC.					
Principal Place of Business 1922 S. BABCOCK ST. MELBOURNE FL 32901			Mailing Address 1607 VISTA LAKE CIRCLE WEST MELBOURNE FL 32904 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/03/1992 4. FEI Number 59-3146463 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEUNG, YIN CHEUNG 1607 VISTA LAKE CIRCLE WEST MELBOURNE FL 32904			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 <u>Leung Kwong Lau</u> (LEUNG KWONG LAU) DIRECTOR DATE <u>4/25/99</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUNG, KWONG L		1.2 NAME	LEUNG, KWONG LAU	
STREET ADDRESS	1607 VISTA LAKE CIR.		1.3 STREET ADDRESS	1607 VISTA LAKE CIR.	
CITY-ST-ZIP	W. MELBOURNE FL 32904		1.4 CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUNG, YIN C		2.2 NAME	LEUNG, YIN CHEDAG	
STREET ADDRESS	1607 VISTA LAKE CIR.		2.3 STREET ADDRESS	1607 VISTA LAKE CIR.	
CITY-ST-ZIP	W. MELBOURNE FL		2.4 CITY-ST-ZIP	W. MELBOURNE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANG, YAW-GUANG		3.2 NAME		
STREET ADDRESS	1607 VISTA LAKE CIR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	W. MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Y	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YANG, YAW-GUANG		4.2 NAME	LEUNG, YIU YIN	
STREET ADDRESS	1607 VISTA LAKE CIR.		4.3 STREET ADDRESS	1607 VISTA LAKE CIR.	
CITY-ST-ZIP	W. MELBOURNE FL 32904		4.4 CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Leung Kwong Lau SIGNATURE REQUIRED FOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

407-722-6796

Daytime Phone #

CR2E034 (1/98)