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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12 1997 8:00am
Secretary of State

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DOCUM	NENT#	V58757	(8)							
ANNAND			(-)							
Principal Place (of Business		Mailing Address			1 (68) (0) (100)	01191 1014 10001 Q1111 101	U OPOR OTURI I	DIEST PARTI ATA	
552 PIEDMONT-V APOPKA FL 3270 US			552 PIEDMONT-WEK! APOPKA FL 32703-5: US					·*		
			00			3. Date Incorpo 08/19/198	rated or Qualified	1	ite of Last R	eport
2. Principal Par	ne of Business		2a. Mailing Address			4. FEI Number	<u>'C</u>			plied For
1			26			59-3140	197		No	t Applicable
Suite, Apt. #,	, etc		Suite, Apt #, etc			5. Certificate of	Status Desired		\$8.75 / Fee Re	
City & State			City & State			6. Election Cam Trust Fund C	paign Financing ontribution		\$5.00 Added	
, Zip	J	Country	Zφ	├ ──,	untry	8. This corporat	ion has liability for			. 199.032,
4	25	Address of Owner	29	30	Т	Florida Statut		Yes [
		Address of Current	negistereo Agent		81 Name	10. Name and A	ddress of New Re	gistered /	agent	
	KINS, LEE DO					····				
	PIEDMONT-WE PKA FL 32703	KIYA HUAU			82 Street Ad	ddress (P.O. Box Numb	er is Not Acceptal	ble)		
AFOF	THAT IL SETUS				83					
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					1 - 1					
11. Pursuant to	the provisions on the provisions of the provisio	of Sections 607 0502 or both in the State o	and 607.1508, Florida S	Statutes, the a	84 City	orporation submits this	statement for the process thereby acce	FL purpose of	changing it	
SIGNATURE		of Sections 607 0502 or both, in the State of accept the oblight	and 607, 1508, Florida S if Florida Such change ions of, Section 607,050 or onto it applicable		above-named control of the corporatures.	orporation submits this oration's board of direct	statement for the plors. I hereby acce			
SIGNATURE	aj in a en type id na pola		and title if applicable DIRECTORS	(NOTE Registers	above-named control of the corporatures.	equired when reinstating)	statement for the poors. I hereby acce	purpose of pt the app	changing it ointment as	s registered registered
SIGNATURE	D	OFFICERS AND	and hitle if applicable	(NOTE Ragisters 13.	above-named code by the corporatures.	equired when reinstating)		purpose of pt the app	changing it ointment as	s registered registered
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14. I do bereby 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 and certify that the information and certify that the same legal effect as if made under eath; 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 Black 12 or Black 13 if charged, open an attachment with an address.

SIGNATURE:

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3:03:97

(401) 886-1899

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