

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V61914 (0)**  
1. Corporation Name  
**KCJT, INC.**



Principal Place of Business: **1840 SOUTH CLYDE MORRIS BLVD. SUITE 40 DAYTONA BEACH FL 32119**  
Mailing Address: **1840 SOUTH CLYDE MORRIS BLVD. SUITE 40 DAYTONA BEACH FL 32119**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/04/1992</b>	3a. Date of Last Report <b>04/17/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3174587</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent <b>TIEN, SHAW-YING 1840 SOUTH CLYDE MORRIS BLVD. SUITE 40 DAYTONA BEACH FL 32119</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0522 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 607.035, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>VST</b>	NAME: <b>TIEN, TIEN T</b>	1.1 TITLE: <b>Director, Secretary, Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>180 POINT O'WOODS DR.</b>	CITY-ST-ZIP: <b>DAYTONA BEACH FL 32114</b>	12 NAME: <b>TIEN, TIEN T</b>	
		13 STREET ADDRESS: <b>2954 APALACHEE PARKWAY # 31</b>	
		14 CITY-ST-ZIP: <b>TALLAHASSEE, FL 32301</b>	
TITLE: <b>PD</b>	NAME: <b>TIEN, SHAW-FEN TANG</b>	2.1 TITLE: <b>Director, Chief Operating Officer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>180 POINT O'WOODS DRIVE</b>	CITY-ST-ZIP: <b>DAYTONA BEACH FL</b>	22 NAME:	
		23 STREET ADDRESS:	
		24 CITY-ST-ZIP:	
TITLE: <b>D</b>	NAME: <b>TIEN, SHAW-YING</b>	3.1 TITLE: <b>Chairman, CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>180 POINT O'WOODS DRIVE</b>	CITY-ST-ZIP: <b>DAYTONA BEACH FL</b>	32 NAME:	
		33 STREET ADDRESS:	
		34 CITY-ST-ZIP:	
TITLE: <b>D</b>	NAME: <b>FONG, GRACE</b>	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>3 EARLYMOM</b>	CITY-ST-ZIP: <b>IRVINE CA</b>	42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE: <b>D</b>	NAME: <b>YOH, JAU</b>	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>8625 N.W. 4TH PLACE</b>	CITY-ST-ZIP: <b>GAINESVILLE FL</b>	52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
TITLE: <b>VCFO</b>	NAME: <b>TIEN, CHIUNG C</b>	6.1 TITLE: <b>Director, CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>1200 PEACHTREE RD</b>	CITY-ST-ZIP: <b>DAYTONA BEACH FL</b>	62 NAME:	
		63 STREET ADDRESS:	
		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 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.

SIGNATURE: *Shaw-Fen Tang Tien* **SHAW-FEN TANG TIEN** 215-96 (904) 761-8480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Date - Phone #

CR2E034 (12/95)