

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F31146** (6)
1. Corporation Name
KAM HON, INC.



Principal Place of Business: **D/B/A CHINA GARDEN 118 S SEMORAN BLVD WINTER PARK FL 32792**
Mailing Address: **D/B/A CHINA GARDEN 118 S SEMORAN BLVD WINTER PARK FL 32792**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **04/17/1981**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **59-2091488** Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LEUNG, JOSEPH
118 S. SEMORAN BLVD.
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Joseph Leung* **LEUNG, Joseph PD 5-23-96**
Signature typed or printed name of registered agent or director or officer. (In Title Registered Agent Signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEUNG, JOSEPH	
STREET ADDRESS	118 S SEMORAN BLVD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	LEUNG, WINNIE YUK-WAH	
STREET ADDRESS	118 S SEMORAN BLVD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEUNG, WINNIE YUK-WAH	
STREET ADDRESS	118 S SEMORAN BLVD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	V.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LEUNG, JOSEPH	
23 STREET ADDRESS	118 S SEMORAN BLVD..	
24 CITY-ST-ZIP	WINTER PARK FL..	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LEUNG JOSEPH	
33 STREET ADDRESS	118 S SEMORAN BLVD..	
34 CITY-ST-ZIP	WINTER PARK FL..	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attached sheet with an affidavit.

SIGNATURE: *Joseph Leung* **LEUNG JOSEPH PD 5-23-96 407.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (City/Town/State #)

CR2E034 (12/95)