

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

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**May 20 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # J36075 (6)**  
1. Corporation Name  
**TAI FAT INC.**



Principal Place of Business: **HUNAN KING 35903 US HWY 19 N. PALM HARBOR FL 34684 US**  
Mailing Address: **35903 US HWY 19 N. PALM HARBOR FL 34684-1523**

3. Date Incorporated or Qualified: **10/02/1986** 3a. Date of Last Report: **05/31/1996**  
4. FEI Number: **59-2723938** 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

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

9. Name and Address of Current Registered Agent  
**CHU, WAI CHUN  
3260 U.S. 19 NORTH  
PALM HARBOR SHOPS  
PALM HARBOR FL 33968**

10. Name and Address of New Registered Agent  
81 Name: **LEE KAM CHI**  
82 Street Address (P.O. Box Number is Not Acceptable): **8008 ROYAL HART DR**  
83 City: **NEW PORT RICHEY, FL** 85 Zip Code: **FL 34653**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: **LEE KAM CHI**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<del>CHU, WAI CHUN</del>	
STREET ADDRESS	<del>35903 US 19 N.</del>	
CITY - ST - ZIP	<del>PALM HARBOR FL</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<del>KO TIEN MAN</del>	
STREET ADDRESS	<del>35903 US 19 N.</del>	
CITY - ST - ZIP	<del>PALM HARBOR FL</del>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<del>LEE, KAM CHI</del>	
STREET ADDRESS	<del>35903 US 19 N.</del>	
CITY - ST - ZIP	<del>PALM HARBOR FL</del>	
TITLE	<del>SD</del>	<input type="checkbox"/> DELETE
NAME	<del>LEE, KAM CHI</del>	
STREET ADDRESS	<del>35903 US 19 N.</del>	
CITY - ST - ZIP	<del>PALM HARBOR FL</del>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<del>LEE, KAM CHI</del>	
STREET ADDRESS	<del>35903 US 19 N.</del>	
CITY - ST - ZIP	<del>PALM HARBOR FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 NAME	<del>LEE, KAM CHI</del>	
1.1 STREET ADDRESS	<del>35903 US 19 N.</del>	
1.1 CITY - ST - ZIP	<del>PALM HARBOR FL</del>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME		
2.1 STREET ADDRESS		
2.1 CITY - ST - ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 NAME	<del>LEE, KAM CHI</del>	
3.1 STREET ADDRESS	<del>35903 US 19 N.</del>	
3.1 CITY - ST - ZIP	<del>PALM HARBOR FL</del>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 NAME		
4.1 STREET ADDRESS		
4.1 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 NAME		
5.1 STREET ADDRESS		
5.1 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 NAME		
6.1 STREET ADDRESS		
6.1 CITY - ST - ZIP		

14. I do 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 or on an attachment with an address.

4/9-97

CR2E034 (9/96)