

**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 # P95000052404  
1. Corporation Name

LUCY HO'S OF NEW PORT RICHEY, INC.

Principal Place of Business Mailing Address  
9409 U.S. HWY 19, Suite #509 P.O. BOX 1807  
PORT RICHEY, FL 34668 Ocala, FL 34478

3. Date Incorporated or Qualified 04/07/95  
3a. Date of Last Report

21. Principal Place of Business	25. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-3324060	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. County	29. County	7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEI-CHIH LIAO 10016 SHADEMOOR DRIVE LEESBURG, FL 34788	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code

11. I, the undersigned, in accordance with the provisions of Sections 607.0607 and 607.0607, Florida Statutes, hereby accept the appointment as registered agent of the corporation for the purpose of changing its registered office. I am familiar with, and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (print or printed name of registered agent and title) \_\_\_\_\_  
Signature (print or printed name of registered agent and title) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEI-CHIH LIAO	2. NAME	
STREET ADDRESS	10016 SHADEMOOR DRIVE	3. STREET ADDRESS	
CITY, ST, ZIP	LEESBURG, FL 34788	4. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	200001807402
CITY, ST, ZIP		12. CITY, ST, ZIP	-05/03/96--01030--023
TITLE	<input type="checkbox"/> DELETE	13. TITLE	***200.00
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, 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. I am an officer or director of the corporation or the trustee 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 *Mei-Chih Liao* MEI-CHIH LIAO