

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 # **P95000058670 (7)**

1. Corporation Name
CHOPSTICKS HOUSE, INC.



Principal Place of Business: **4362 NORTHLAKE BLVD SUITE 202 PALM BEACH GARDENS FL 33410**
Mailing Address: **4362 NORTHLAKE BLVD SUITE 202 PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified: **07/26/1995**
3a. Date of Last Report: **Not Applicable**
4. FEI Number: 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: **9850 Alternate A1A Suite, Apt. #, etc. 503 Palm Beach Gardens, FL 33410 U.S.A.**
2a. Mailing Address: **c/o Robert Brody, Esq. Suite 202 4362 Northlake Blvd, Palm Beach Gardens, FL 33410 U.S.A.**

9. Name and Address of Current Registered Agent
**BRODY, ROBERT
4362 NORTHLAKE BLVD
SUITE 202
PALM BEACH GARDENS FL 33410**

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: **FL**

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when initial filing)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, YUN K	
STREET ADDRESS	1311 FAIRVIEW LN	
CITY-ST-ZIP	PALM BEACH ISLES FL 33404	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, SUSANNA	
STREET ADDRESS	1311 FAIRVIEW LN	
CITY-ST-ZIP	PALM BEACH ISLES FL 33404	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, WAN F	
STREET ADDRESS	1311 FAIRVIEW LN	
CITY-ST-ZIP	PALM BEACH ISLES FL 33404	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAM, TAK P	
STREET ADDRESS	4960 HAVERHILL COMMONS CIR APT 23	
CITY-ST-ZIP	HAVERHILL FL 33417	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D,P,S,T
5.3 STREET ADDRESS	Law, Susanna Kwai Lan
5.4 CITY-ST-ZIP	9850 Alternate A1A, Suite 503 Palm Beach Gardens, FL 33410
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: *Susanna Kwai Lan Law*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 407-6224896

CR2E034 (12/95)