

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

FILED

**Apr 24 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000087794 (8)
1. Corporation Name
NHF FORTUNE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 16149 NW 22ND STREET PEMBROKE PINES FL 33028	Mailing Address 16149 NW 22ND STREET PEMBROKE PINES FL 33028
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3. Date Incorporated or Qualified
10/10/1997

2. Principal Place of Business 21 7001 N.W. 88th Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 7001 N.W. 88th Avenue Suite, Apt. #, etc.
22 City & State 23 Tamarac, Florida	27 City & State 28 Tamarac, Florida
24 Zip 33321	25 Country Broward
29 Zip 33321	30 Country Broward

4. FEI Number 65-0786908	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KIT-NG, WAI NG, Wai Kit 16149 NW 22ND STREET PEMBROKE PINES FL 33028	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

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 **Wai Kit NG, President** DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME KIT-NG, WAI	
STREET ADDRESS 16149 NW 22ND STREET	
CITY-ST-ZIP PEMBROKE PINES FL 33028	
TITLE VP	<input type="checkbox"/> DELETE
NAME FONG, HOI KWOK	
STREET ADDRESS 8415 FOREST HILLS DR., #205	
CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE VP	<input type="checkbox"/> DELETE
NAME QIAN HE, YING	
STREET ADDRESS 9128 SW 157 CT.	
CITY-ST-ZIP MIAMI FL 33196	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME NG, Wai Kit	
1.3 STREET ADDRESS 16149 NW 22nd Street	
1.4 CITY-ST-ZIP Pembroke Pines, FL 33028	
2.1 TITLE DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME He, Ying Qian	
3.3 STREET ADDRESS 9128 SW 157 Court	
3.4 CITY-ST-ZIP Miami, FL 33196	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: **Wai Kit NG, President** *04/21/98*

CR2E034 (10/97)