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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90274 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V44910

1. Corporation Name
JADE HOUSE OF LIGHTHOUSE POINT, INC.

Principal Place of Business
22620 BLUE FIN TRAIL
BOCA RATON FL 33428

Mailing Address
22620 BLUE FIN TRAIL
BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/19/1992

4. FEI Number
65-0340743

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24

25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAM, JOHN
22620 BLUE FIN TRAIL
BOCA RATON FL 33428

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CHENG, HELEN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23213 OLD INLET BRIDGE DR	1.2 NAME	
STREET ADDRESS	BOCA RATON FL 33433	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WI, RITA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4925 COCONUT CREEK	2.2 NAME	
STREET ADDRESS	COCONUT CREEK FL 33063	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CHENG, TINA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23213 OLD INLET BRIDGE DR	3.2 NAME	
STREET ADDRESS	BOCA RATON FL 33433	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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, with all other like empowered.

SIGNATURE: *X. Henderson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99
Date Daytime Phone #

CR2E034 (1/198)