FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

DOCUMENT # **405739** **(4)**

1. Corporation Name

HONG KONG RESTAURANT, INC.

Principal Place of Business	Mailing Address
C/O STEPHEN K. TONG 614 S ATLANTIC AVE ORMOND BEACH FL 32176-7716	C/O STEPHEN K. TONG 614 S ATLANTIC AVE ORMOND BEACH FL 32176-7716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/27/1972**

3a. Date of Last Report: **01/10/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Street, Apt. #, etc. — 22:

Street, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-1427298** [X] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

TONG, STEPHEN K.
614 S. ATLANTIC AVE.
ORMOND BCH FL 32074

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 607.1308, 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 _____ (Signature of New Registered Agent, if changing) _____ DATE

12. OFFICERS AND DIRECTORS		13. Additions, Deletions, or Changes to Officers and Directors
TITLE	VD	11 TITLE [ ] Change [ ] Addition
NAME	TONG, STEPHEN	12 NAME
STREET ADDRESS	614 S ATLANTIC AVE	13 STREET ADDRESS
CITY-ST-ZIP	ORMOND BEACH, FL 00000	14 CITY-ST-ZIP
TITLE	D	21 TITLE [ ] Change [ ] Addition
NAME	MUI, KWOK KWONG	22 NAME
STREET ADDRESS	5772 BAY SHORE DR	23 STREET ADDRESS
CITY-ST-ZIP	SEMINOLE, FL 00000	24 CITY-ST-ZIP
TITLE	D	31 TITLE [ ] Change [ ] Addition
NAME	MUI, YIN LAM	32 NAME
STREET ADDRESS	16114 6TH ST	33 STREET ADDRESS
CITY-ST-ZIP	REDINGTON BCH, FL 00000	34 CITY-ST-ZIP
TITLE	D	41 TITLE [ ] Change [ ] Addition
NAME	MOY, ROBERT	42 NAME
STREET ADDRESS	5050 NORTH TRAIL	43 STREET ADDRESS
CITY-ST-ZIP	SARASOTA, FL 00000	44 CITY-ST-ZIP
TITLE		51 TITLE [ ] Change [ ] Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE [ ] Change [ ] Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

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)(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 above, or on an attachment with an address.

SIGNATURE: _____ 4-2-95 _____ 904-672-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000874 FP