SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996	DIVISION OF C	CORPORATIONS		
DOCUMENT # 46290	7 (7)			
PEKING MANDARIN HOUSE, INC.			 	H ONEU DIOM BURN BIRN BIRN BIRN BIRN HERI
rincipal Place of Business	Mailing Address			
908 E. HIGHWAY 436	908 E. HIGHWAY 436			
CASSELBERRY FLORIDA 32707	CASSELBERRY FLORIDA	32707	3. Date Incorporated or Qualified	3a. Date of Last Report
			10/08/1974	08/03/1995
Principal Place of Business	2a. Mailing Address		4. FEI Number 59-1554517	Applied For Not Applicable
Suite, Apt. #, etc	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
Zip Country 25	Ζιρ 29	30	Florida Statutes	Yes No
9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
ORTUA, AL			ress (P.O. Box Number is Not Acceptat	nle)
7198 CITRUS AVE WINTER PARK, FL			Tess (1.0 Doviter) to the test of the test	
32792		83		
		84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State 	02 and 607.1508, Florida Statut	es, the above-named corp	oration submits this statement for the pion's board of directors. I hereby acception	urpose of changing its registered the appointment as registered
agent 1 am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statutes.	,	
IGNATURE Signature, typed or printed name of registered a	gent and title if applicable (NC)	TE Registered Agent signature requ	red when relostating)	DAIL
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
TLE DPS	DELETE	1 1 TITLE 1 2 NAME		L Crange Addition
AME LAU, SKEK TUNG IREET ADDRESS 802 BRIGHTEN DR		1.3 STREET AUDRESS		
TY-ST-ZIP CASSELBERRY, FL 00000		1.4 CITY - ST - ZIP		
TLE T	DELETE	2 I TITLE		Change Additio
AME LAU, SKEK TUNG		2 2 NAME		
TREET ADDRESS 802 BRIGHTEN DR		2 3 STREET ADDRESS 1 2 4 City - St - Zip		
ITY-ST-ZIP CASSELBERRY, FL 00000	DELETE	3 1 TITLE		Change Additio
AME	_	3 2 NAME		
TREET ADDRESS		3 3 STREET ADDRESS		
ITY - ST - ZIP	DELETE	3 4 CITY-SI-ZIP		Change Additio
ITLE IAME		4 2 NAME		
TREET ADDRESS		4.3 STREET ADDRESS		
ITY - ST - ZIP		4.4.C(TY - ST - ZIP		
ITLE	DELETE	5.1 TITLE		Change Additio
AME		5 2 NAME		
TREET ADDRESS		5 3 STREET ADDRESS		
ITY - ST - ZIP	DELETE	5 4 CITY - ST- ZIP 6 1 TITLE		Change Additio
iAME	<u> </u>	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		64 CITY - ST - ZIP	aldy for the everyoline stated in Printing	119 07(3)/k) Florida Stabilac I
 I do hereby certify that the information supple further certify that the information indicated c 				
further certify that the information indicated of made under oath; that I am an officer or dire- that my name appears in Block 12 or Block 1	ctor of the corporation or the re- 3 if changed, or on an attychme	perver or trustee empowers ent with an address	au to execute this report as required by	Grapter of transmitted statutes, and
4	OC (MIEN XAN		61596	
SIGNATURE: SIGNATURE AND TYPED	OF PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	O _d te:	Daytime Phone #
	=			