

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 524851 (3)
1. Corporation Name
CHIN FAMILY RESTAURANT, INCORPORATED



Principal Place of Business
10601 SAN JOSE BLVD.
#114
JACKSONVILLE FL 32257-6267

Mailing Address
10601 SAN JOSE BLVD.
#114
JACKSONVILLE FL 32257-6267

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROTHSTEIN, SIMON D.
BROWARD BUILDING, SUITE 104
4417 BEACH BOULEVARD
JACKSONVILLE FL 32207

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 607.1505, 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 Registered Agent or Secretary of State

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	CHIN, SHIRLEY	
STREET ADDRESS	10601 SAN JOSE BLVD.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY-STATE-ZIP	
4. TITLE	☐ Change ☐ Addition
5. NAME	
6. STREET ADDRESS	
7. CITY-STATE-ZIP	
8. TITLE	☐ Change ☐ Addition
9. NAME	
10. STREET ADDRESS	
11. CITY-STATE-ZIP	
12. TITLE	☐ Change ☐ Addition
13. NAME	
14. STREET ADDRESS	
15. CITY-STATE-ZIP	
16. TITLE	☐ Change ☐ Addition
17. NAME	
18. STREET ADDRESS	
19. CITY-STATE-ZIP	
20. TITLE	☐ Change ☐ Addition
21. NAME	
22. STREET ADDRESS	
23. CITY-STATE-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY CHIN

CR2E034 (12/95)