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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 577617

(4)

Mailing Address

LUCY HO'S BAMBOO GARDEN, INC.

FILED
May 02 1997 8:00am
Secretary of State

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2814 APALACHEE PKW TALLAHASSEE FL 32301		2814 APALACHEE PKW TALLAHASSEE FL 32301-3608		•		
					3. Date Incorporated or Qualified 06/30/1978	3a. Date of Last Report 04/30/1996
2. Principal F	Place of Business	2a. Mailing Addres	S		4. FEI Number	Applied For
1		26			59-1834779	Not Applicabl
Suite Apt.	.# etc.	Suife, Apt. #, el	ic.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te;	City & State		,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7(p	Country 25	Zip	30 Co	untry	This corporation has liability for Florida Statutes	
<u></u>	9. Name and Address of Cur			1	10. Name and Address of New R	
НΩ), LUCY			81 Nam		
2814 APALACHEE PARKWAY TALLAHASSEE FL 32301				82 Stree	t Address (P.O. Box Number is Not Accepta	bie)
				83		3 1844
				84 City		FL 85 Zip Code
office or :	to the provisions of Sections 607, registered agent, or both, in the St am familiar with, and accept the ob	tate of Florida. Such change	was authorize	ed by the co	d corporation submits this statement for the irporation's board of directors. I hereby acce	purpose of changing its registered apt the appointment as registered
SIGIVATORA	by place in type of or printed name of registered	agent and title if applicable.	(NOTE: Register	ed Agent signate	re required when reinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TII:F	PD	☐ DELE	TE 1.17	ITLE		Change Addition
NAM!	HO, LUCY		1.21	IAME		
STREET ADDRESS			1.3 5	STREET ADDRESS	5	
DIY SE-ZE	TALLAHASSEE FL		140	OTY-ST-ZIP	!	
ILE	SD	☐ DELE	TE 211	ITLE		Change Addition
IAME	HO, JOHN		221	LAME		
STREET AUGRESS	402 VINNEDGE RIDE		235	TREET ADDRESS	s	
DILY-ST-ZiP	TALLAHASSEE FL		2 4	CITY - ST - ZIP		
TITLE	VD	☐ DELE				Change Addition
NAME	CHIU, KATHARIN		3.21	AME	İ	
STREET ADORESS	3224 ROBINHOOD RD.		3.3 9	STREET ADDRESS	; [
OHY ST ZIP	TALLAHASSEE FL		3.4.	CITY-ST-ZIP		
TITLE	TD	☐ DELE				Change Addition
NAME	CHIU, WINSTON		4.2	NAME	1	
STREET ADDRESS	ACCUPATION OF THE			TREET ADDRESS	. [
DITY-ST ZiP	TALLAHASSEE FL			CITY-ST-ZIP		
MLE	}	DELE		TITLE		Change Addition
		T DEFE			1	- —
NAME		ב שניני		NAME		
		r nere	5.2 (NAME STREET ANDRESS		
STREET ADDIESS		ניין מניני	5.2 I 5.3 S	STREET ADDRESS	5	
STREET ADDIESS			5.2 I 5.3 S 5.4 C	STREET ADDRESS	5	Channe Additio
STREET ADDI-ESS CHY-SE-ZIP TITLE		DELE	5.21 5.3 5 5.4 0	STREET ADDRESS CITY-ST-ZIP TITLE	5	☐ Change ☐ Additio
NAME STREET ADDRESS CHY-ST-ZIP THEE NAME			521 533 540 TE 6.11 621	STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Change ☐ Additio
STREET ADDIFESS CHY-ST-WP TITLE			5.21 5.33 5.46 1TE 6.11 6.24	STREET ADDRESS CITY-ST-ZIP TITLE		☐ Change ☐ Additio

an observed that the information supplied with this tilling does not quality 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. I am an officer or director of the corporation or the receiver or trestee 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.

CICNATUDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-878-336.

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