

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 637004 (3)

1. Corporation Name

MING TREE RESTAURANT, INC.

Principal Place of Business

4521 DEL PRADO BLVD.  
CAPE CORAL FL 33904

Mailing Address

4521 DEL PRADO BLVD.  
CAPE CORAL FL 33904



3. Date Incorporated or Qualified  
09/14/1979

3a. Date of Last Report  
06/15/1995

2. Principal Place of Business

21. SAME

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 25. 29. 30.

4. FEI Number  
59-1933165

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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHUNG, PAU CHIN CHOU  
1326 SE 21ST STREET  
CAPE CORAL FL 33904

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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

*X Hung Z Kately*

Signature

Name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when not in company)

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME CHUNG, PAU CHIN  
STREET ADDRESS 1326 SE 21ST STREET  
CITY- ST- ZIP CAPE CORAL FL ☐ DELETE

TITLE D  
NAME CHUNG, GIP "JIMMY"  
STREET ADDRESS 1326 SE 21ST STREET  
CITY- ST- ZIP CAPE CORAL FL ☐ DELETE

TITLE D  
NAME HUANG, CHOU H.C.  
STREET ADDRESS 4520 DEL PRADO BLVD  
CITY- ST- ZIP CAPE CORAL FL ☐ DELETE

TITLE S  
NAME CHOU, CHIN PIAO  
STREET ADDRESS 4520 DEL PRADO BLVD  
CITY- ST- ZIP CAPE CORAL FL ☐ DELETE

TITLE P  
NAME KIRTLLEY, HUNG TUAN  
STREET ADDRESS 1729 SE 44TH TERR  
CITY- ST- ZIP CAPE CORAL FL ☐ DELETE

TITLE D  
NAME HUANG, KUEL CHIN  
STREET ADDRESS 4520 DEL PRADO BLVD  
CITY- ST- ZIP CAPE CORAL FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

Huang Kuei Chin  
HUANG CHIN KUEI

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)(k), 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.

SIGNATURE: *X Hung Z Kately*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

PARTNER

MAR 18 - 1996 549-5899

CR2E034 (12/95)