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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33904-7442



3. Date Incorporated or Qualified
09/14/1979

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

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

10. Name and Address of New 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

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

Signature of the current registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

1-9-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

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

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

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

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

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

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

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

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

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

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

944-549-5988

CR2E034 (9/96)