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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

F16635

(7)

SOUTHERN HOSPITALITY SERVICES, INC.

Principal Place of Business Making Address						I (DOI:DO IIDI HIDIG DIHIB DIHBA (HOR BERLDINUL	IBIK BEBU BI	ON DIGH DIGH HOUS
11731 EAST COLONIAL DR ORLANDO FL 32817		11731 EAST COLONIAL DR ORLANDO FL 32817							
						3. Date Incorporated or Qualified 01/29/1981		of Last R	· .
2. Principal Pla	ce of Business	2a. Mailing Address			4, FEI Number		Ш	Applied For	
21		26				59-2064278		<u> 1</u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apit. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		Oity & State	· • · · · · • · · · · · · · · · · · · ·			6. Election Campaign Financing			May Be
23		28	[28]			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for		x under s	199.032,
24	25 29 30 30 9. Name and Address of Current Registered Agent			Florida Statutes					
	g, Name and Adoress of Curre	nt negistered Agent		81	Name	10, Name and Address of New P	registerea	agent	
CHEN	HSI-CHING								
	BAYFRONT PARKWAY			82	Street Addr	t Address (P.O. Box Number is Not Acceptable)			
ORLAN				83					
32806				84	City			85 Zi	ıp Code
						ration submits this statement for the pu	FL		
SIGNATURE	n, and accept the obligations of, Sec ilganic hands proved the chapter takes OF LICERS AN			Аунг	of Sagnatine respons	ADDITIONS/CHANGES TO OFF	CHATE.	DIRECTO) DQ INI 19
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NAME	CHEN, CHAO-HUI LIN			1.2 NAME			_		
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NAME	CHEN, HSI-CHING		22 N.						
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NAME			6 1 THE 62 NAME -				L	_ v.m.igc	7,00,000
STREET ADDRESS			1		I ADDRESS				
				ST ZIP					
	ce try that the information supplied	with this fring is voluntarily furn				or the exemption stated in Section 119	.07(3)(k). Eld	oda Statu	ites. I further

certify that the information indicated on this annual reject of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that Fam an officer or director of the corporation or the receiver or trusted 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

407-273-1510