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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F46671

(6)

GOLDEN CHINA OF PORT RICHEY, INC.

). :.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address					
11226 US 19N PT RICHEY FL 34668-1637	11226 US 19N PT RICHEY FL 34668-1637					
			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified 09/30/1981			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For			
21	26		59-2135249 Not Applicate	ble		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 25	Zip Cot	untry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent				
LAU, JANIE LEUNG 11226 US HWY 19 N PORT RICHEY FL		81 Name	Fe			
		82 Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
		83				
		84 City	FL 85 Zip Code			
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	of Florida. Such change was authorize	ed by the corporation	ration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered	i be		
SIGNATURE			<u> </u>	_		

agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statutes.	oration's boaid of directors. Thereby	accept the appointment as	registered	
SIGNATURE	Standard and or posted came of policiers degree	t and life if any leading (NC	TC: Boolstored Accest consture	required when reflectation)	DATE		
12.	Signature, typed or printed name of registered agent and little if applicable (FORS AND DIRECTORS		13.	Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFIC			
TITLE	PVS	DELETE	1.1 TITLE		Change	Addition	
NAME	LAU, TUCK TAI		1,2 NAME				
STREET ADDRESS	9615 TOWANDA LANE		1,3 \$TREET ADORESS				
CITY-ST-ZIP	PORT RICHEY, FL 0		1.4 CITY - ST - ZIP				
TITLE	TD	☐ DELETE	2.1 TITLE		Change	Addition	
NAME	LAU, TUCK TAI		2.2 NAME				
STREET ADDRESS	9615 TOWANDA LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY, FL 0		2. 4 CITY - ST - ZIP				
TITLE	PDS	DELETE	3.1 TITLE		Change	Addition	
NAME	lau, janie leung		3.2 NAME				
STREET ADDRESS	9615 TOWANDA LANE		3.3 STREET ADDRESS				
CITY - ST - ZIP	PORT RICHEY, FL 0		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	· · - 4.1 TITLE		- Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	l e			
CITY - ST - ZIP			4.4 CITY-ST-ZIP	·			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	•			
CITY-ST-ZIP			6.4 CITY - ST - ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Fiorida 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 13 if chapter 607, or on an attachment with an address.

SIGNATURE

EQUAL WELL COREC

1-8-98

813-863-6429