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

PROFIT FLORIDA DEPARTMENT OF STATE
CORPORATION Sandra B. Mortham
ANNUAL REPORT Secretary of State
1998 DIVISION OF CORPORATIONS

OCUMENT # F69352 (5)
Corporation Name

FILED May 20 1998 8:00am Secretary of State

19	98	DIVISION OF CORPORATIONS					Secretary of Stat			
DOCUMENT # F69352 (5) 1. Corporation Name								-	S	
PEKING	EXPRESS OF FORT M	IYERS, INC.								
Principal Place of Business Mailing Address 4125 CLEVELAND AVE 1003 DEL PRADO BLVD										
	MALL FOOD CT	STE 300	1003 DEL PRADO BLVD STE 300				DO NOT WRITE IN THIS SPACE			
FT.MYERS, FL. 33901 CAPE CORAL,					3990-	368	33. Date Incorporated or Qualified 03/03/1982			
IIS 2. Principal Pla	ce of Business	2a. Mailing Address					4. FEI Number		Applied For	
21	-4-	28	* · · · · · · · · · · · · · · · · · · ·				59-2165811	<u></u>	Not Applicable	
Sulte, Apt. #,	, etc.	Suite, Apt. #, etc.	_				5. Certificate of Status Desired	LJ	\$8.75 Additional Fee Required	
City & State		City & State	•				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be	
Zip	Country	Zip	Zip Country				7,000,01,000			
24	25	29	30	30			8. This corporation owes or has paid the current year intengible Personal Property Tax due June 30. 🔀 Yes No			
0, 1	Name and Address of Current I	Registered Agent		10. Name and Address of New Registered Agent					gent	
	R & CO.	81 Name								
	EL PRADO BLVD		82 Street Addr 8961 (Addre:	ess (P.O. Box Number is Not Acceptable) ONFERENCE DRIVE			
STE 300 CAPE CORAL, FL. 33990				83						
			84 City FORT MY			MVI	ERS.	FL	85 Zip Code 33919	
					above-na	med c	corporation submits this statement		ose of changing its	
	as registered agent, or both, as registered agent. I am familia						y the corporation's board of directo 5, Florida Statutes.	rs. I nereby	accept the	
SIGNATURE	malura, timed or printed name of ren	is lered about and title if and	licable	NOT	E: Denister	rad Ans	no cionatura raquirat when colnelating	DATE		
Signature, typed or printed name of registered agent and title if applica 12. OFFICERS AND DIRECTORS				able (NOTE: Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PTD	DELETE	1,1 TITLE		T			Change	Addition	
DOBAK, ANTHONY STREET ADDRESS 5684 BOLLA COURT		_	1.2 NAMI						_	
CITY - ST - ZIP	FT.MYERS. FL. 33		1.3 STREET ADDRESS 1.4 City - St - ZIP						i	
TITLE	VS	DELETE	2.1 TITLE	2.1 TITLE				Change	Addition	
NAME	BOBAK, ANTHONY		2.2 NAME						_ [
STREET ADDRESS CITY - ST - ZIP	5684 BOLLA COURT FT_MYERS_ FL. 339		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP							
TITLE	DELETE			3.1 TITLE			· ·	Change	Addition	
NAME STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS						
CITY - ST - ZIP			3.4 CITY							
TITLE		DELETE	4.1 TITLE					Change	Addition	
NAME STREET ADDRESS	_		4.2 NAME 4.3 STREET ADDRESS							
CITY - ST - ZIP			4.4 CITY							
TITLE		DELETE	5.1 TITLE					Change	Addition	
NAME	DRESS		5.2 NAME						\$>.	
STREET ADDRESS CITY - ST - ZIP	,		5.3 STREET ADDRESS 5.4 CITY - ST - ZIP						5,20	
TITLE	•	DELETE	6.1 TITLE				*	Change	Addition	
NAME				NAME STREET ADDRESS			700002531997 -05/21/9801085044			
STREET ADDRESS CITY - ST - ZIP	· ·		6.4 CITY				-05/21/38 ***150.00	თზიცნ-	U44	
14. I hereby cert	fy that the information supplied t	with this filing does not q	uellfy for th	18 BX	emption	stated	in Section 119.07(3)(i), Florida Sta	tutes. I furth	er 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 slock 13 if changed, or an an attachment with an address.

SIGNATURE:

ATTHONY
ATTHEM AND THE OF SIGNING OFFICER OR DIRECTOR

7/30/96 941-481-7005 Date Daytime Phone #