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 #

(4)

HO-KII	ng Chinese Restauran	T, INC.							
Principal Plac	e of Business	Mailing Address				i stainii daia iidii Ediii didia E	/// 0 (0)/ 110 //	DION OIRN EIRN DI	
2426 SOUTH RAMONA CIRCLE 2426 SOUTH RAMONA C TAMPA FL 33612 TAMPA FL 33612			CIRCLE			DO NOT W	RITE IN TH	IIS SPACE	
					Ī	3. Date Incorporated or Qualif	ed		
						01/26/1983			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-2254081		N	lot Applicable
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.	_			5. Certificate of Status Desired			Additional lequired
City & State	е	City & State			ļ	6. Election Campaign Financin		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country			8. This corporation owes or ha	•	— ' -	
24	25		30			Personal Property Tax due			No
<u> </u>	g. Name and Address of Curre		81	A 1		10. Name and Address of Nev	Register	ed Agent	
HONG NG, YIU NG, YIU HONG 2426 SOUTH RAMONA CIRCLE TAMPA FL 33612				Name Street	1V9	S (P.O. Box Number is Not Acce	ptable)		
			83						
			84	City			F	85 Zip	Code
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized by	the corp	l corpor poration	ation submits this statement for the board of directors. I hereby a	ne purpose scept the a	e of changing i appointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	Registered Age	nt signature	e required y	when reinefating	DATE	<u> </u>	
12.		ID DIRECTORS	13.	in any racore	o required	ADDITIONS/CHANGES TO O			BS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		Ps		11021101	Change	Addition
NAME	NONG NG, YIU		1.2 NAME						
STREET ADDRESS	2426 SOUTH RAMONA CIR	CLE	1.3 STREET	ADDRESS	543	, YIU HONG 6 SOUTH RAMONA CIR	CLE		
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY - S		TAM	PA. FL 33612			ı
TITLE		DELETE	2.1 TITLE			<i>pa</i> , <i>p</i> = 100 =		Change	Addition
NAME			2.2 NAME						ł
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	ĺ				ļ
TITLE		DELETE	3 1 TITLE		<u> </u>			Change	☐ Addition
NAME			3 2 NAME						1
STREET ADDRESS			3 3 STREET	ADDRESS					ł
CITY-ST-ZIP			3.4. CITY - S	T- 7IP	1				Ì
TITLE		DELETE	4.1 TITLE					☐ Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE?	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY - S	I - ZIP]				
TITLE		DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY+ST-7IP			6.4 C(TY-S)	F-ZIP					j

14. Thereby 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.

FILED

Feb 17 1998 8:00am

Secretary of State