

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G67643 (8)

1. Corporation Name

~~LUM'S CHINESE CUISINE INCORPORATED~~
DRAGON WUSHU KUNG FU Federation INC.

Principal Place of Business

% SHUN PING LUM
248 MOSS LANE
VENICE FL 34293
US

Mailing Address

% SHUN PING LUM
248 MOSS LANE
VENICE FL 34293
US

200001482632

-05/10/95--01062--020

DO NOT WRITE IN THIS SPACE
***200.00 ***200.00

3. Date Incorporated or Qualified

10/14/1983

3a. Date of Last Report

02/23/1994

4. FEI Number

59-2329195

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

2. Principal Place of Business

21 4952 Fruitville Rd

2a. Mailing Address

26 4952 Fruitville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL.

City & State

28 SARASOTA FL

ZIP

24 34232

Country

25 USA

ZIP

29 34232

Country

30 USA

9. Name and Address of Current Registered Agent

LUM, SHUN PING
248 MOSS LANE
VENICE FL 34293

10. Name and Address of New Registered Agent

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 Registered Agent (Required Agent and Not Applicable)

Signature of Registered Agent (Required Agent and Not Applicable)

(24)

12. OFFICERS AND DIRECTORS

12.1	12.2
NAME	DPST
NAME	LUM, SHUN PING
STREET ADDRESS	248 MOSS LANE
CITY, ST, ZIP	VENICE, FL 00000
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MAY 95

Signature of New Agent

0340595 CP