

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90162 001 ***150.00

DOCUMENT # **H00981**

1. Corporation Name
DRAGON HOUSE INVESTMENT & DEVELOPMENT, INC.

Principal Place of Business 8547 SIDON ST ORLANDO FL 32817	Mailing Address 8547 SIDON ST ORLANDO FL 32817
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1984

4. FEI Number

59-2429665

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAO, JENNIFER S.
8547 SIDON ST
ORLANDO FL 32817**

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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAO, CHICHANG	
STREET ADDRESS	8547 SIDON STREET	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAO, PARKMING	
STREET ADDRESS	52C BROADWAY 1ST FL	
CITY-STATE-ZIP	MEIFOO, SUN, HONG KONG	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAO, CHUNNING	
STREET ADDRESS	4409 ST. ANNE, PIERREFONDS	
CITY-STATE-ZIP	CANADA, H9H2Z5	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KAO, SHERMAN P.	
STREET ADDRESS	81 BARONUS CR.	
CITY-STATE-ZIP	WILLOWDALE, ONTARIO CANADA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KAO, JENNIFER S.	
STREET ADDRESS	8547 SIDON STREET	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAO, FRANCIS C	
STREET ADDRESS	8547 SIDON STREET	
CITY-STATE-ZIP	ORLANDO FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	31 Baroness Cr.
1.4 CITY-STATE-ZIP	Willowdale, Ontario, Canada
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	55 Saddle Cove Cr.
2.4 CITY-STATE-ZIP	Toronto, Ontario, Canada
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer Kao
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Kao

4/14/99
Date

407-679-8342
Daytime Phone #

CR2E034 (11/98)