

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

1996 4-12-96 B- 3450 C

DOCUMENT # H41284

(1)

1. Corporation Name

NEW GOLDEN GATE CHINESE TAKE-OUT RESTAURANT, INC

Principal Place of Business

WEST 45TH STREET PLAZA
1745 45TH ST.
WEST PALM BEACH FL 33407

Mailing Address

WEST 45TH STREET PLAZA
1745 45TH ST.
WEST PALM BEACH FL 33407

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

3. Date Incorporated or Qualified

02/06/1985

3a. Date of Last Report

02/27/1995

4. FLS Number

59-2527644

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

10. Name and Address of New Registered Agent

MO CHOI SIU
3826 CIRCLE LAKE DR.
W. PALM BCH. FL 33417

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 person who is authorized to execute this report

Signature of Registered Agent or authorized representative

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS CHAN, WAI LAN
CITY-STATE-ZIP 1745 45TH ST
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME VSD
STREET ADDRESS MO, WAI MING
CITY-STATE-ZIP 1745 45TH STREET
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME S
STREET ADDRESS MO, CHOI SIU
CITY-STATE-ZIP 1745 45TH STREET
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME TD
STREET ADDRESS MO, WAI PING
CITY-STATE-ZIP 1745 45TH ST
W PALM BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Printed Name

CR2E034 (12/95)