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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

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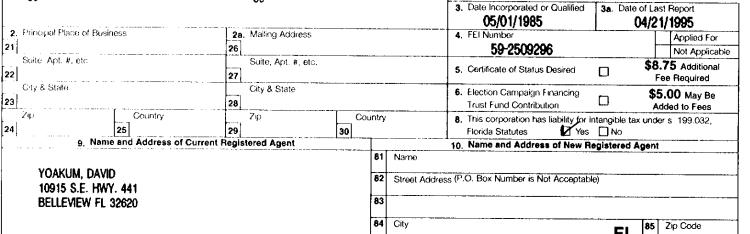
(6)

Corporation Name	-	(-)	
JADE PAGODA, INC.			

Principal Place of Business 10915 S.E. HWY, 441 BELLEVIEW FL 34420 US

Mailing Address

10915 S.E. HWY, 441 BELLEVIEW FL 34420 US



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 _	ly where, typical or pricted name of registered agent and title	T4		
. 12.	OFFICERS AND DIR		t. Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE	DP	DELETE	1 1 TOTLE	Change Addition
NAME	PHAM, LUYEN VAN		1.2 NAME	
STREET ADDRESS	5242 SE 112TH STREET		13 STREET ADDRESS	
CIEY ST-ZIP	Belleview Fl		1.4 C(TY-S1-Z)P	
TirtE	VP	["] DELETE	2 1 TITLE	Change Addition
NAME	TRI, YOAKUM THI		2.2 NAME	·
STREET ADDRESS	2850 N.E. 36TH STREET		2 3 STREET ADDRESS	
CHY S1-ZIP	OCALA FL		2 4 CITY - ST - ZIP	
THE	S	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAM.	Yoakum, huyem Pham		3 2 NAME	
STREET ADDRESS	5736 SE PARK ROAD		3.3 STREET ADDRESS	
CITY ST ZIP	BELLEVIEW FL		3 4 CITY - ST - ZIP	
TITLE		☐ DELETE	4. 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - \$1 - ZIP			4.4 CITY - ST - ZIP	
10tf		DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
ČI*Y+S*+Zi₽			5.4 CITY - ST - ZIP	
TITLE		DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CHY-SI-ZIF	\		6 4 CITY - ST - 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 119.07(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 cath; 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 Bluck 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

352-265-80KD

CR2E034 (12/95)