**FILED** 

Mar 14, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **H89520**

1. Corporation Name

CITY-ST-ZIP

DYNASTY RESTAURANTS, INC.

Principal Place	e of Business	Mailing Address		(88181) 8191 19114 19191 91139 11911 8911 83951	#1811 #1811 \$1811 #1811 #1811 1884
YAM, KWAN 5669 REVELWOOD LOOP WINTER PARK FL 32792		11786 E. COLONIAL DR. ORLANDO FL 32817		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualifed 12/05/1985	
2. Principal Pl	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2703707	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip 30	Country	This corporation owes the current year In Personal Property Tax.	☐ Yes XiNo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	f Agent
			81 Name CHE CHEONG HO.		
CHOU, HONG KUNG				ress (P.O. Box Number is Not Acceptable)	
90 N. TRIPLET LAKE DRIVE					
CASSELBERRY FL 32707			83 117	186 E. Coloniol DR	
			84 City	OMANDO FI	L   3 3 2 8 7 7
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was authorions of, Section 607.0505, Florida	rized by the corporation Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the application of the purpose on the purpose of the	changing its registered
12.	Signature typed or printed name of registered agen OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP		1,1 TITLE		☐ Change ☐ Addition
NAME	YAM, KWAN		1.2 NAME		
STREET ADDRESS	5669 REVELWOOD LOOP	:	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CITY-ST-ZIP	_	
TITLE	DTS		2.1 TITLE		☐ Change · ☐ Addition
NAME	HO, CHE CHEONG		2.2 NAME		
STREET ADDRESS	964 WESSON DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSLEBERRY FL 32707		2.4 CITY+ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	,		3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		,
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		,
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u>-</u>
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ĺ
i	,		6.3 STREET ADDRESS		

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 607, 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.

6.4 CITY-ST-ZIP

he one to Ho, CHE. C.

407-281-1864