

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H91399**

1. Corporation Name

PAN YE'S RESTAURANT, INC.

Principal Place of Business

743 E MEMORIAL BLVD
LAKELAND FL 33801
US

Mailing Address

743 E MEMORIAL BLVD
LAKELAND FL 33801
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1985

4. FEI Number

59-2635925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CHIN, ROBERT
1506 HANSON AVENUE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name **KAI SHING CHAR**
82 Street Address (P.O. Box Number is Not Acceptable)
2329 CRYSTAL PARK N
83
84 City **Lakeland** FL 85 Zip Code **33801**

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

Kai Shing Char

(NOTE: Registered Agent signature required when re-registering)

DATE

4/7/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHIN, ROBERT	
STREET ADDRESS	1506 HANSON AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CHIN, TIN TIN	
STREET ADDRESS	1506 HANSON AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD KAI SHING CHAR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2329 CRYSTAL PARK N	
1.3 STREET ADDRESS	LAKELAND, FL. 33801	
1.4 CITY-ST-ZIP		
2.1 TITLE	Sac - TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MUMU SHING CHAR	
2.3 STREET ADDRESS	2329 CRYSTAL PARK	
2.4 CITY-ST-ZIP	LAKELAND, FL. 33801	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kai Shing Char
Kai Shing Char, PRES.
2329 CRYSTAL PARK N
LAKELAND, FL. 33801

3.8.99

Date

941-686-7057

Daytime Phone #

CR2E034 (11/98)