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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J11027

(6)

FILED					
Apr 07 1997	8:00am				
Secretary of	f State				

1. Corporation Name HO'S CHINESE RESTAURANT, INC.  Principal Place of Business  Mailing Address  7820 W. SAMPLE ROAD MARGATE FL 33085-4710  MARGATE FL 33085-4710						
		•			3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1986 01/26/1996	
	lace of Business	2a. Mailing Address 26			4. FEI Number Applied For 59-2673977 Not Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	0	City & State	<u></u>		6. Election Campaign Financing \$5.00 May Be	
<b>23</b> Zip	Country	<b>28</b>	Countr	y	Trust Fund Contribution Added to Fees  8. This corporation has liability for igrangible tax under s. 199 032,	
24	25 g. Name and Address of Curre	29   ent Registered Agent	[30]		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
	, CIO CUING		8.	Name		
7820 W. SAMPLE ROAD MARGATE FL 33083		82		H Address (P.O. Box Number is Not Acceptable)		
			84	City	FL 85 Zip Code	
11. Pursuant → office or r agent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the obli Souther legicle provisions of registered a				d corporation submits this statement for the purpose of changing its registered prporation's board of directors. I hereby accept the appointment as registered are required when reinstating)  DATE	
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TILLE	PD OIG OILING	DELETE	1.1 TOTLE		Change Addition	
NAME CERTAL ANDROS	JOA, CIO CUING 7820 W. SAMPLE RD.		1.2 NAME			
STREET ADDRESS	MARGATE FL			ET ADDRESS	' <b> </b>	
CHY-ST-ZIP TITLE	STD	DELETE	1.4 CITY - 2.1 TITLE		Change Addition	
NAME.	JOA, N. FONG	<del></del>	2 2 NAME			
STREET ADDRESS	7820 W. SAMPLE RD.			ET ADDRESS	3 4	
CITY - ST - ZIP	MARGATE FL		2. 4 CITY	- ST- ZIP		
111.6		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME	•		
STREET ADDRESS			3.3 STRE	ET ADDRESS	<i>i</i>	
City-St-Zif		DELETE	3.4. CiTY		Change Addition	
THE		FT) percie	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS	<b>'</b>	
CHY-ST-20°		DELETE	4.4 CITY - 5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			· ·	ET ADDRESS		
C(1Y - S1 - 7)P			5.4 CITY-			
Til((	4170	☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	Ē	500002136775 -04/08/9701075022	
STREET ADDRESS			6.3 STRE	ET ADDRESS	5 -U4/U3/3(U1U/5U2Z	
CITY-ST ZIF			64 CITY	ST-ZIP	***165.00	
44 Ldo bezo	by cartify that too interestion comple	ind with this filing does not quali	fy for the ex	emption s	stated in Section 119 07(3)(i) Florida Statutes I further certify that the	

4. I do horeby 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 or Lam 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 charged or on an attachment with an address.

SIGNATURE

OR DIRECTOR

< 3-31-97 >

Aq(4)752-162