


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90157 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J53424

1. Corporation Name

KUMQUAT TREE, INCORPORATED

Principal Place of Business

% KUMQUAT TREE CHINESE RESTAURANT
3705 LAKE EMMA RD.
LAKE MARY FL 32746

Mailing Address

% KUMQUAT TREE CHINESE RESTAURANT
3705 LAKE EMMA RD.
LAKE MARY FL 32746



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/18/1987		4. FEI Number 59-2762931		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
City & State 23	City & State 28			
Zip 24	Country 25	Zip 29	Country 30	

9. Name and Address of Current Registered Agent

CHIN, EMMA
3705 LAKE EMMA RD
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name LAU, KWOK YU
82 Street Address (P.O. Box Number is Not Acceptable) 3705 LAKE EMMA RD
83
84 City LAKE MARY FL 85 Zip Code 32746

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHIN, EMMA		1.2 NAME LAU, KWOK YU	
STREET ADDRESS 981 COBBLER COURT		1.3 STREET ADDRESS 282 LAKEBREEZE CIR	
CITY-ST-ZIP LONGWOOD FL		1.4 CITY-ST-ZIP LAKE MARY FL 32746	
TITLE SVP	<input type="checkbox"/> DELETE	2.1 TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAU, KWOK YU		2.2 NAME LAU, PUI MEI	
STREET ADDRESS 483 CIDER MILL PLACE		2.3 STREET ADDRESS 282 LAKEBREEZE CIR	
CITY-ST-ZIP LAKE MARY FL		2.4 CITY-ST-ZIP LAKE MARY FL 32746	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DONG, HARRY		3.2 NAME	
STREET ADDRESS 836 HILLARY COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **X**

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)