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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

HSU FAMILY RESTAURANT, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									4 SOULHA CITO ATION ATION ARINI SCAOL ATIX ATIAN BEATH BEATH ASBAT ATONI OFFI
5671 UNIVERSITY BLVD. W. JACKSONVILLE FL 32216				• • •	5671 UNIVERSITY BLVD. W. JACKSONVILLE FL 32216				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
Ì									03/25/1987
2.	Principal Pl	lace of Busin	1055	2a. M	2a. Mailing Address				4. FEI Number Applied For
21	26								59-2810713 Not Applicable
22	Suite, Apt. #, etc.				Suite, Apt. #, etc. 27				5. Certificate of Status Desired See Required Fee Required
23	City & State	ė		28 Ci	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
L	Zip	Country Zip C				Cou	ıntry	,	8. This corporation owes or has paid the current/year Intangible
24			25	29		30			Personal Property Tax due June 30. 💆 Yes 🗌 No
9 Name and Address of Current Registered Agent								,	10. Name and Address of New Registered Agent
	HSU, WEN-HO							Name	
3791 CATHEDRAL COVE RD.							82	Street Add	ddress (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32217									
							83		
							84	City	85 Zip Code
							"	Oity	FL B5 Zip Code
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.									
Sit	SNATURE .	Signature, typed	or printed name of registered ag	yent and title it ap	pinable (NO)TE Registere	d Ago	nt signature requ	equired when reinslating) DATE
12			OFFICERS AF	VD DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT	.E	PTD			☐ DELETE	1.1 To	TLE		Change Addition
NAA	Æ	HSU, W				1.2 N	AME	ł	
STR	STREET ADDRESS 3791 CATHEDRAL COVE RD.				1.3 STREET ADDRESS			ADDRESS	l
CIT	Y-ST-ZIP JACKSONVILLE FL				1.4 CHY-ST-ZIP			T-ZIP	
TITL	.E	VSD			☐ DELETE	21 TI	TLE		☐ Change ☐ Addition ☐
NAN	AE	HS U, HS				2.2 N	AME		
STREET ADDRESS 3791 CATHEDRAL COVE RD.				١.	2.3 STREET ADDRESS			ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL						2. 4 CITY - ST - ZIP			
TITL	.E				☐ DELETE	3.1 70	TLE		Change Addition
NAN	1					3.2 N		-	
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_	/-ST-ZIP				T on ere	4.4 CI		T-ZIP	D Channe D Addition
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NAN						5.2 N/			
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NAA						6.2 N/		1000165	
	EET ADDRESS							ADDRESS	
CIT	/_CT.71D					■ 6 4 €1	יש ני	1 200 1	

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.