

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J87028

(3)

1. Corporation Name

CHINA JADE RESTAURANT, INC.



Principal Place of Business

5800 RED BUG LAKE ROAD
WINTER SPRINGS FL 32708

Mailing Address

5800 RED BUG LAKE ROAD
WINTER SPRINGS FL 32708

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KWONG, BETTY
5800 RED BUG LAKE RD.
WINTER SPRINGS FL 32708-2011

3. Date Incorporated or Qualified

08/12/1987

3a. Date of Last Report

04/06/1995

4. FEI Number

59-2836671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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.

SIGNATURE

Betty Kwong
Signature, typed or printed name of registered agent, if title is applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

3/29/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D KWONG, BETTY
STREET ADDRESS 292 SAXONY CT.
CITY- ST- ZIP WINTER SPRINGS FL

TITLE ☐ DELETE
NAME D KWONG, CHIU CHU
STREET ADDRESS 292 SAXONY CT.
CITY- ST- ZIP WINTER SPRINGS FL

TITLE ☐ DELETE
NAME T BERTOLO, ANA
STREET ADDRESS 397 COPPERSTON CIR
CITY- ST- ZIP CASSELBERRY FL

TITLE ☐ DELETE
NAME S KU, HELEN
STREET ADDRESS 1168 B CALLE DEL REY
CITY- ST- ZIP CASSELBERRY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Betty Kwong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

407. 699-8889

Date

Daytime Phone #

CR2E034 (12/95)