## 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 # J87028

(3)

CHINA JADE RESTAURANT, INC.

| - Риострантас  | e or business  | Mailing Address  |  |   |   | W. W. 1 W. 1 W. 1 W. 1 W. 1   |                      | 21217 1021                 |
|--|--|--|--|---|---|-------------------------------|----------------------|----------------------------|
| 5800 RED BUG LAKE ROAD WINTER SPRINGS FL 32708 S800 RED BUG LAKE ROAD WINTER SPRINGS FL 32708- |  |  |  |   |   |                               |                      |                            |
|  |  |  |  |   | 3. Date Incorporated or Qualified 08/12/1987  | 3a. Date o                    |                      | eport                      |
| 2. Principal P   | lace of Business   | 2a, Mailing Address  | ***************************************      |   | 4. FEI Number   |                               | Ар                   | plied For                  |
| 21   |  | 26   |  |   | 59-2836671  |                               | No                   | t Applicable               |
| Suite, Apt. #, etc.<br>2   |  | Suite, Apt. #, etc.  |  |   | 5. Certificate of Status Desired See Required Fee Required                              |                               |                      |                            |
| City & Stat  | (;   | City & State   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      |   | Election Campaign Financing     Trust Fund Contribution                                 |                               | \$5.00<br>Added t    |                            |
| Zφ<br>24]  | Country<br>25  | 7 ip   | Co.  | untry   | 8. This corporation has liability for in Florida Statutes                               | Yes 🔲 N                       | under s.<br>Vo       |                            |
|  | 9. Name and Address of Curr  | ent Registered Agent   |  |   | 10. Name and Address of New Reg   | istered Age                   | nl                   |                            |
|  | ONG, BETTY   |  |  | 81 Name   |   |                               |                      |                            |
| 5800 RED BUG LAKE RD.<br>WINTER SPRINGS FL 32708-2011  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                               |                      |                            |
|  |  |  |  | B3  |   |                               |                      |                            |
|  |  |  |  | 84 City   |   |                               | 5 Zip (              |                            |
| 11. Pursuant office or ragent La   | to the provisions of Sections 607 0<br>egistered agent, or both, in the Sta<br>m familiar val., and accept the pal | 502 and 607.1508. Florida St<br>ite of Florida. Such change w<br>igations of, Section 607.0505 | atutes, the a<br>as authorize<br>Florida Sta | bove-named co<br>d by the corpor<br>lutes.            | orporation submits this statement for the puration's board of directors. I hereby accep | urpose of ch<br>t the appoint | anging it<br>ment as | s registered<br>registered |
| SIGNATURE  | Secretary by the property of our of the secretary  | trim!  | tce.   | -VACA   | Julied when reinstating)  | 128/9<br>DAT                  | <del>7</del> _       |                            |
| 12.  | OFFICERS A   | ND DIRECTORS   | 13.  |   | ADDITIONS/CHANGES TO OFFICE   | ERS AND DI                    | RECTOR               | S IN 12                    |
| Tritt  | D  | ☐ DELETE   | 1.1 T  | TLE   |   |                               | Change               | Addition                   |
| NAME   | KWONG, BETTY   |  | 1.2 N  | AME   |   |                               |                      |                            |
| STREET ADDRESS   | 292 SAXONY CT.   |  | 1.3 S  | ireet address   |   |                               |                      |                            |
| CGY-ST-7-P   | WINTER SPRINGS FL  | · · · · · · · · · · · · · · · · · · ·  | 1.4 C  | ITY-ST-ZIP  |   |                               |                      |                            |
| THEF   | D D  | ☐ DELETE   | 21 T   | TLE   | <i>;•</i>   | ليا .                         | Change               | Addition                   |
| NAME   | KWONG, CHIU CHU  |  | 22 N   | AME .   |   |                               |                      |                            |
| STREET ADORESS   | 292 SAXONY CT.   |  | 238  | TREET ADDRESS   |   |                               |                      |                            |
| City-ST-7/P  | WINTER SPRINGS FL  |  |  | iTY-ST-ZIP  |   |                               |                      |                            |
| T   [ ]  | DECTALA ANA  | ☐ DELETE   | 317  |   |   | ĻJ                            | Change               | Addition                   |
| NASE   | BERTOLO, ANA<br>397 COPPERSTON CIR   |  | 32 N   |   |   | •                             |                      |                            |
| STEEL ADDRESS  |  |  | 1  | TREET ADDRESS   |   |                               |                      |                            |
| COY ST ZIF   | CASSELBERRY FL   | DOLLETO  |  | ITY - ST - ZIP  |   |                               | Channa               | A Jura                     |
| TILE   | VII UCICN  | ☐ DELETE   | 4.1 1  |   |   | L                             | Change               | Addition                   |
| NAMÍ   | KU, HELEN<br>1168 B CALLE DEL REY  |  | 4.21   |   |   |                               |                      |                            |
| STREET ALCHESS   | LING D CALLE DEL MET   |  | ■ 4.3 S                                      | IREET ADDRESS   |   |                               |                      |                            |

14. I do 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 chapted, or on an attachment with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY: ST. ZIF

STREET ADORESS

STREET ADDRESS

011Y-\$1-70F

CHY ST Zif:

MUE

NAME

T. IEE NAME CASSELBERRY FL

ATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

DELETE

DELETE

428/87

407 696 -4119 Dayline Phone 1

Change

Change

Addition

Addition

**FILED** 

Mar 06 1997 8:00am

Secretary of State