

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

FILED

Apr 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J87028** (3)  
1. Corporation Name  
**CHINA JADE RESTAURANT, INC.**

Principal Place of Business <b>5800 RED BUG LAKE ROAD WINTER SPRINGS FL 32708</b>	Mailing Address <b>5800 RED BUG LAKE ROAD WINTER SPRINGS FL 32708</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/12/1987</b>	
21		26		4. FEI Number <b>59-2836671</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.	TITLE	D	<input type="checkbox"/> DELETE
	NAME	<b>KWONG, BETTY</b>	
	STREET ADDRESS	<b>292 SAXONY CT.</b>	
	CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
	TITLE	D	<input type="checkbox"/> DELETE
	NAME	<b>KWONG, CHIU CHU</b>	
	STREET ADDRESS	<b>292 SAXONY CT.</b>	
	CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
	TITLE	T	<input checked="" type="checkbox"/> DELETE
	NAME	<b>BERTOLO, ANA</b>	
	STREET ADDRESS	<b>397 COPPERSTON CIR</b>	
	CITY-ST-ZIP	<b>CASSELBERRY FL</b>	
	TITLE	S	<input type="checkbox"/> DELETE
	NAME	<b>KU, HELEN</b>	
	STREET ADDRESS	<b>1168 B CALLE DEL REY</b>	
	CITY-ST-ZIP	<b>CASSELBERRY FL</b>	
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	1.2 NAME	<b>BETTY KWONG</b>
	1.3 STREET ADDRESS	<b>292 SAXONY CT</b>
	1.4 CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>
	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY-ST-ZIP	
	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY-ST-ZIP	
	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	
	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	
	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME	
	6.3 STREET ADDRESS	
	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.

SIGNATURE:

*Betty Kwong* **BETTY KWONG 4/6/98 007 689-8889**

CR2E034 (10/97)