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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J87028**

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**

DO NOT WRITE IN THIS SPACE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T. D	1.1 TITLE	VICE - PRESIDENT
NAME	KWONG, BETTY	1.2 NAME	VINCENT KWONG
STREET ADDRESS	292 SAXONY CT.	1.3 STREET ADDRESS	292 SAXONY CT
CITY-ST-ZIP	WINTER SPRINGS FL 32708	1.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	PRESIDENT, D	2.1 TITLE	
NAME	KWONG, CHIU CHU	2.2 NAME	
STREET ADDRESS	292 SAXONY CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	KU, HELEN	3.2 NAME	
STREET ADDRESS	1168 B CALLE DEL REY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)