

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

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K03844** (3)  
1. Corporation Name  
**RIDDON (FLORIDA), INC.**



Principal Place of Business  
**7441 N.W. 34TH STREET  
LAUDERHILL FL 33319**

Mailing Address  
**7441 N.W. 34TH STREET  
LAUDERHILL FL 33319-7104**

3. Date Incorporated or Qualified  
**11/25/1987**

3a. Date of Last Report  
**01/25/1996**

4. FEI Number  
**65-0019208**

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

2. Principal Place of Business  
21 Suite Apt. # etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent

**DALE, CHARLES S., JR.  
2765 W. CYPRESS CREEK ROAD  
SUITE B  
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>P TSE, SUK FUN</b>           | 1.2 NAME  |   |
| STREET ADDRESS             | <b>7441 N.W. 34TH STREET</b>    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LAUDERHILL FL</b>            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>S TSE, CHOK YIN</b>          | 2.2 NAME  |   |
| STREET ADDRESS             | <b>7441 N.W. 34TH STREET</b>    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LAUDERHILL FL</b>            | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>V TONG, CHEUK SUN</b>        | 3.2 NAME  |   |
| STREET ADDRESS             | <b>7441 N.W. 34TH STREET</b>    | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LAUDERHILL FL</b>            | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>T TONG, CHEUK MAN</b>        | 4.2 NAME  |   |
| STREET ADDRESS             | <b>7441 N.W. 34TH STREET</b>    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LAUDERHILL FL</b>            | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |   |

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

*Suk Fun Tse, President* 1/7/96 954-458-8300

CR2E034 (9/96)