

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K78974** (8)

1. Corporation Name

CHINA FAIR OF ENGLEWOOD, INC.



Principal Place of Business

%JOHN CHARLES HECKIN, ESQ.
21202 OLEAN BLVD., STE. C-2
PORT CHARLOTTE FL 33952

Mailing Address

CHINA FAIR ENGLEWOOD INC
G/O JOHN CHARLES HECKIN ESQ
1720 S MCCALL RD
ENGLEWOOD FL 34223
US

CHINA FAIR ENGLEWOOD INC

2. Principal Place of Business

2a. Mailing Address

21 **1720 S. McCall**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Englewood

28

Zip

Country

Zip

Country

24

FL

34223

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/10/1989

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0112897

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

CHOI, WAI MAN
304 GLADSTONE BLVD
ENGLEWOOD FL 34223

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 at Incorporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **CHOI, WAI MAN**
STREET ADDRESS **304 GLADSTONE BLVD**
CITY-STATE-ZIP **ENGLEWOOD FL**

TITLE **D** ☐ DELETE

NAME **CHOI, MANCY**
STREET ADDRESS **304 GLADSTONE BLVD**
CITY-STATE-ZIP **ENGLEWOOD FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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

Wai Man Choi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAI MAN CHOI, PRESIDENT

4-17-96

941-475-6887

DATE

PHONE NUMBER

CR2E034 (12/95)