


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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morcom Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K82524 (5)			
1. Corporation Name CHINESE COMBO KING, INC.			
Principal Place of Business % LIN JUI CHING 1801 PALM BEACH LAKES BLVD. #880 WEST PALM BEACH FL 33401		Mailing Address % LIN JUI CHING 1801 PALM BEACH LAKES BLVD. #880 WEST PALM BEACH FL 33401-200	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1989		3a. Date of Last Report 04/18/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0107157		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent CHING, LIN JUI 1801 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401				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				D				1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				JUI-CHING, LIN CHEN				1.2 NAME							
STREET ADDRESS				1801 PALM BEACH LAKES BLVD #880				1.3 STREET ADDRESS							
CITY - ST - ZIP				WEST PALM BEACH FL				1.4 CITY - ST - ZIP							
TITLE				<input type="checkbox"/> DELETE				2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								2.2 NAME							
STREET ADDRESS								2.3 STREET ADDRESS							
CITY - ST - ZIP								2.4 CITY - ST - ZIP							
TITLE				<input type="checkbox"/> DELETE				3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY - ST - ZIP								3.4 CITY - ST - ZIP							
TITLE				<input type="checkbox"/> DELETE				4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY - ST - ZIP								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:  4/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)