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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

9971 NW 37TH COURT

SUNRISE FL 33351-6416

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

LEE. YET SZE 9371 NW 37TH COURT

SUNRISE FL

YET SZE LEE

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K87897

(0)

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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9371 NW 37TH COURT

SUNRISE FL 33351-6416

YET SZE LEE

GOLDEN FOUNTAIN CHINESE KITCHEN, INC.

Country

9. Name and Address of Current Registered Agent

25

Secretary of State DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/17/1989 4. FEI Number Applied For 65-0120142 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 85 Zip Code FL CR2E034 (10/97 Change Addition Change Addition

FILED

Feb 03 1998 8:00am

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 punied name of registered agent and little if applicable (NOTE Registered Agent's greature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD 1.1 TITLE TITLE DELETE LEE. YET SZE 1.2 NAME **9371 NW 37TH COURT** STREET ADDRESS 1.3 STREET ADDRESS **SUNRISE FL** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELÉTE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change TITLE 6.1 HTLE Addition STREET ADDRESS 6.3 STREET ADDRESS 64 City - St - ZIP CITY-ST-ZIP

Country

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City

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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 chapter 0 or on an attachment with an address.

SIGNATURE:

(954) 485-4305