

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

25 MAY -1 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K91418** (9)

1. Corporate Name

SHING LAUNG CHINESE RESTAURANT, INC.

Principal Place of Business

Mailing Address

20701 N.W. 2ND AVE.
MIAMI FL 33169

20701 N.W. 2ND AVE.
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/26/1989** 3a. Date of Last Report **04/28/1994**

4. FEI Number **65-0124024** 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 enterprise tax under the 1993 Florida Statutes Yes No

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2b. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
State Apt # etc		State Apt # etc		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for enterprise tax under the 1993 Florida Statutes	
City & State		City & State		Applied For		Not Applicable			
City		City		City		City		City	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMIREZ, FREDERICK J., ESQ.
6444 PEMBROKE ROAD
MIRAMAR FL 33023**

B1	B2	B3	B4	B5
Name	Street Address (P.O. Box Number is Not Acceptable)		City	FL
				Zip Code

11. Pursuant to the provisions of Sections 607 (06) and 607 (10) 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 (06) Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of State

Signature of New Registered Agent

DATE

12. CURRENT AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER	PDV LUC, CAHN T. 20701 N.W. 2ND AVE MIAMI FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition LUC, Canh T. correction
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
OFFICER	STD LUC, LINH B. 20701 N.W. 2ND AVE MIAMI FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition 20701 N.W. 2nd Ave Miami, Fl 33169 Correction
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 130 (02)(06) Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of Block 13 if changed or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 24 95
DATE

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

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1995



FLORIDA DEPARTMENT OF STATE
Janora B. Sherman
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APR 1995

DOCUMENT # **K91898** (2)

1. Corporation Name
PAIGE MANAGEMENT CORPORATION

9511110115

TALLAHASSEE, FL

DO NOT WRITE IN THIS SPACE

2. Principal Office Address: **4111 LAND O'LAKES BLVD., SUITE 3030 STE - 303G LAND O'LAKES FL 34639 US**
 3. Mailing Address: **4111 LAND O'LAKES BLVD., SUITE 3030 STE - 303G LAND O'LAKES FL 34639 US**

3. Date Incorporated or Qualified: **05/30/1989** 3a. Date of Last Report: **05/01/1994**

2. Principal Office of Business: **7028 WEST WATERS AVE** 2a. Mailing Address: **7028 WEST WATERS AVE**

4. FEI Number: **59-2953579** Applied For: Not Applicable:

22. Suite: **SCITE 110** 27. Suite, Apt. # etc: **#10 SCITE 110**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **TAMPA, FL** 28. City & State: **TAMPA, FL**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24. Zip: **33634** 25. Country: **USA** 29. Zip: **33634** 30. Country: **USA**

8. This corporation has liability for intangible tax under § 197.002, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**COX, PAIGE A.
6146 OAK CLUSTER CIRCLE
TAMPA FL 33634**

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 607.1008, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PTD COX, PAIGE STREET ADDRESS: 6146 OAK CLUSTER CIRCLE CITY, STATE, ZIP: TAMPA FL		13.1 1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2		13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3		13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4		13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5		13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6		13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7		13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8		13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9		13.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Paragraph 119.02(6)(b), Florida Statutes. I further certify that the information is in accordance with the annual report or supplemental annual report as true and accurate and that the signatures shall have the same legal effect as those of the signers. That I am an officer or director of the corporation of the record of the record of business incorporated in or into this report as required by Chapter 607, Florida Statutes, and that my name appears as Director of the corporation and that I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Paige Cox* *W. J. ...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR