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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # K94905 (2)

1. Corporation Name
PEACE - L AND K'S, INC.

Principal Place of Business	Mailing Address
PEACE FOOD STORE 794 S TAMPA AVE ORLANDO FL 32805 US	PEACE FOOD STORE 794 S TAMPA AVE ORLANDO FL 32805 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1989
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: ~~59-2050001~~ 59-2953893 ☐ 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

9. Name and Address of Current Registered Agent

KIM, JULIANA H.
655 OAK HARBOUR DRIVE
SUITE 109
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: Chong - IL Kim
82 Street Address (P.O. Box Number is Not Acceptable): 500 Devonshire BLVD
83
84 City: Longwood FL 85 Zip Code: 32750

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] 2/20/95
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	President	☒ Change ☐ Addition
NAME	KIM, JULIANA H.	1.2 NAME	CHONG-IL KIM	
STREET ADDRESS	655 OAK HARBOUR DR. #109	1.3 STREET ADDRESS	500 Devonshire BLVD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	KIM, CHONG-IL	2.2 NAME	Kim, Juliana H	
STREET ADDRESS	500 DEVONSHIRE BLVD.	2.3 STREET ADDRESS	655 Oak harbour DR. #109	delete.
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Altamonte Springs, FL	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	CHO, DR. LUCY	3.2 NAME	CHO, Dr. Lucy	
STREET ADDRESS	1723 S. RIO GRANDE AVE.	3.3 STREET ADDRESS	1723 S. Rio Grande AV.	delete.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL.	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: [signature] 2-9-95 841-4247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0417470 FP