

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L02999 (5)

1. Corporation Name

GOLDEN HARVEST OF CHARLOTTE COUNTY, INC.



Principal Place of Business

MR. WUS CHINESE GOURMET
1441 TAMiami TRAIL RM#619
PORT CHARLOTTE FL 33948

Mailing Address

MR. WUS CHINESE GOURMET
1441 TAMiami TRAIL RM#619
PORT CHARLOTTE FL 33948

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified
07/19/1989

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

4. FEI Number
65-0137856

☒ 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

10. Name and Address of New Registered Agent

RUSSELL, W. KEVIN
18501 MURDOCK CIRCLE
6TH FLOOR
PORT CHARLOTTE FL 33948

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 P
NAME LEUNG, STEVE
STREET ADDRESS 4536 TAMiami TRAIL
CITY-ST-ZIP CHARLOTTE HRBR. FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VP
NAME LEUNG, DIH DIH
STREET ADDRESS 149 BARRE DR.
CITY-ST-ZIP PORT CHARLOTTE FL ☐ DELETE

1.2 NAME

TITLE D
NAME CHEN, CHAT YIN
STREET ADDRESS 148 BARRE DR.
CITY-ST-ZIP PORT CHARLOTTE FL ☐ DELETE

1.3 STREET ADDRESS

TITLE D
NAME CHEN, WAI HAN
STREET ADDRESS 148 BARRE DR.
CITY-ST-ZIP PORT CHALOTTE FL ☐ DELETE

1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/96 (941) 624-3938

CR2E034 (12/95)