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FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1989

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on Block 12 or Block 13 if changed on an attachment with an address.

STEVE LEUNG  
4/30/98 (94) 624-3738  
255-1400

CR2E034 (10/97)