

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90195 015 \*\*\*150.00

DOCUMENT # L02999

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

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

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

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 ☐ DELETE

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

TITLE VP ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME LEUNG, STEVE  
1.3 STREET ADDRESS 406 SPRINGLAKE BLVD  
1.4 CITY-ST-ZIP PORT CHARLOTTE, FL

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME LEUNG, DIH DIH  
2.3 STREET ADDRESS 406 SPRINGLAKE BLVD  
2.4 CITY-ST-ZIP PORT CHARLOTTE, FL

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME CHEN, CHAT YIN  
3.3 STREET ADDRESS 430 SPRINGLAKE BLVD  
3.4 CITY-ST-ZIP PORT CHARLOTTE, FL

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME CHEN, WAI HAN  
4.3 STREET ADDRESS 430 SPRINGLAKE BLVD  
4.4 CITY-ST-ZIP PORT CHARLOTTE, FL

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Steve Leung*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0451460