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Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT ATE
Sandra B. Mortl
Secretary of Stat
DIVISION OF CORPORIS

DOCUMENT # **L04909** **(2)**

1. Corporation Name
LUCKY COME INVESTMENT, INC.

Principal Place of Business	Mailing Address
1619 S. ATLANTIC AVE. **DAYTONA BEACH FL 32118**	**1619 S. ATLANTIC AVE.** **DAYTONA BEACH FL 32118-4903**

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 / Cou 30

3. Date Incorporated or Qualified: **07/25/1989**	3a. Date of Last Report: **02/27/1996**
4. FEI Number: **59-2963869**	☐ 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

LO, CHIN-HUA
1619 SOUTH ATLANTIC AVENUE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aforenamed 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 Stat

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	**PTD** **LO, CHIN-HUA** **5816 ALSTRUM DR.** **PORT ORANGE FL**	☐ DELETE	1.1 TI 1.2 N 1.3 STDRESS 1.4 CITZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VD** **LO, HSIU-CHING** **5816 ALSTRUM DR.** **PORT ORANGE FL**	☐ DELETE	2.1 TI 2.2 N 2.3 STDRESS 2.4 CITZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**SD** **LO, YI PEY** **5816 ALSTRUM DR.** **PORT ORANGE FL**	☐ DELETE	3.1 TI 3.2 N 3.3 STDRESS 3.4 CITZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TI 4.2 N 4.3 STDRESS 4.4 CITZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TI 5.2 NA 5.3 STDRESS 5.4 CITZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TI 6.2 NA 6.3 STDRESS 6.4 CITZIP ☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: ✓ Chin Hua Lo — March 29, 1997 — (904) 253-5432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT — Date — Daytime Phone #

0021739