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

FILED PROFIT Feb 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (8) LEUNG'S CHINESE RESTAURANT, INC. Principal Place of Business Mailing Address 9825-29 SAN JOSE BLVD. 9825-29 SAN JOSE BLVD. SUITE 29 SHITE 29 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 3. Date Incorporated or Qualified 02/08/1990 2. Principal Place of Business 4, FEI Number 2a. Mailing Address Applied For 59-2988912 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEUNG, CHUN MAN 7945 JEFF DR. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32244 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ponted name of registered agent and tall if applicable DATE when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TOUR Change Addition LEUNG, CHUN MAN NAME 1.2 NAMI 7945 JEFF DR. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CHY-S1-7/P DETETE TITLE Change Addition 21100 LEUNG, SIU WAN NAME 2.2 NAME 7945 JEFF DR. STREET ADORESS 23 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2 4 City - St - Zift ☐ DELFTE TITLE 317016 ___ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE Addition TITLE 4.1 THE Change NAME 4. 2 NAMI

***150.00 G 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. For the certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early 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.

4.9 STHEET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY - S1 - 2IP

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