PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L54864** 

SOUTH CHINA INC., OF LEE COUNTY

12670 NEW BRITTANY SUITE 101 FT. MYERS FL 33907

Principal Place of Business

Mailing Address

12670 NEW BRITTANY SUITE 101

FT. MYERS FL 33907

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90123 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

							03/05/1990			
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number		Appli	ed For
11		26					59-3000515		Not A	Applicable
Suite, Apt. #	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		<b>75</b> Add e Requ	ditional iired
City & State	e		City & State				6. Election Campaign Financing	<b>\$</b> 5.	00 м	ay Be
23		28					Trust Fund Contribution	Add	ded to	Fees
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year la			_
24	25	29		30			Personal Property Tax.	Yes		]No
	9. Name and Address of Current	t Registe	red Agent				10. Name and Address of New Registered	d Agent		
ROYSTON, ROBERT D., JR 12670 NEW BRITTANY BLVD., SUITE 101 FT. MYERS FL 33907					81 Name  82 Street Address (P.O. Box Number is Not Acceptable)					
					83					
					84	City	F.	L	Zip Co	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida	i, Such change was a	iuthorized	i by i	tne corporatior	ration submits this statement for the purpose on is board of directors. I hereby accept the appropriate the statement of the purpose of the p	of changin ointment a	g its re is regis	gistered itered
SIGNATURE	Signature, typed or printed name of registered agent	t and the #	onlicable /AIOTS	Registered	Agent	t signature required	when reinstating) DATE			<del></del>
12.	Signature, typed or printed name of registered agent			13.	Ageill	r signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12
TITLE	P	D Dirtec	☐ DELETE	1.1 Ti	TLE			☐ Cha		Addition
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STREET ADDRESS	*** *********					ADDRESS				
	LEHIGH ACRES FL				TY-ST	1				
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/17/88 941-368-1866 Daystma Phone #

R2E034 (11/98)