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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M87777

(2)

SHANGRILA CHINESE RESTAURANT, INC.

FILED						
May 15 1997 8:00am						
Secretary of State						
_						

Principal Place of Business		Mailing Address			INTERNATION OF BUILDING TO STATE AND A STATE OF THE STATE	
EMPRESS GARDEN 6090 N. LOCKWOOD RIDGE SARASOTA FL 34243 US		C/O L. SCOTT RATTANA 4711 ELFRIDA AVENUE SARASOTA FL 34235-4331 US		Date incorporated or Qualified	3a. Date of Last Report	
				06/21/1988	05/01/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		26		65-0059638	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7(p)	Country	This corporation has liability for in		
24	25	29	30	· ·	Yes ANo	
	9. Name and Address of Cur			10. Name and Address of New Reg	istered Agent	
L. S0	COTT RATTANA		81 Name			
	ELFRIDA AFENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable	(e)	
SARASOTA FL 34235						
			83			
			84 City	20.00	85 Zip Code	
i						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. It hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.						
SIGNATURE	Signature, lyped or printed name of registered	A second production of aurolectric ANO	It Registered Agent signature requi	red ution range Wire)	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PT	☐ DELFTE	1,1 TITLE		☐ Change ☐ Addition	
NAME	RATTANA, L. SCOTT		1.2 NAME			
STREET ADDRESS	4711 ELFRIDA AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-\$1-2IP			
TITLE	VS	☐ DELETE	2.1 TITLE		Change Addition	
NAME	RATTANA, BOUNTHAVY		2.2 NAME			
STREET ADDRESS	4711 ELFRIDA AVENUE		23 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	DELETE	2 4 CITY - ST - ZIP		Change Addition	
TITLE		T Deteit	3.1 FITLE		Change Addition (
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS 3.4 CITY - ST- ZIP			
CITY-ST-ZIP TITLE		DELE1E	4.1 TOLE		Change Addition	
NAME		_	4. 2 NAME		_ • -	
STREET ADORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-S1-716'			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		L] DELETE	61 HTLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	ay partify that the information are	aliad with this black door not avail	64 CHY-S1-ZIP	d in Section 119.07/3/fi) Floride Statute	Lifurther certify that the	
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 as true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the optionation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of changes, or on an attachment with an address.						