

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **M97656** ✓  
Corporation Name

**CHEUNG LEE, INC.**

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90013 007 \*\*\*550.00

Principal Place of Business

25 W HWY 98  
PANAMA CITY FL 32401

Mailing Address

4425 W HWY 98  
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/08/1988**

4. FEI Number

**59-2910195**

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. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISLER, CHARLES S.**  
**434 MAGNOLIA AVENUE**  
**PANAMA CITY FL 32401**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME <b>D</b> <b>CHENG, CHEE KONG</b> <b>2106 BRIAWOOD CIR.</b> <b>PANAMA CITY FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME <b>D</b> <b>CHENG, FUN LIN SHUN</b> <b>2106 BRIAWOOD CIR.</b> <b>PANAMA CITY FL</b>	<input type="checkbox"/> DELETE	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> DELETE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<input type="checkbox"/> DELETE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<input type="checkbox"/> DELETE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> DELETE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)