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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION CIF CORPORATIONS

## DOCUMENT # P9300007189

1. Corporation Name

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90040 033 \*\*\*150.00

PARBAI	HE WUNG SUMWAH INC.				
Principal Plac	e of Business	Mailing Address			
5220 OLD WINTER GARDEN RD. 5220 OLD WINTER GARDE ORLANDO FL 32811 ORLANDO FL 32811			en RD.		
		•			DO NOT WRITE IN THIS SPACE
·		<del>-</del> - <del></del>			3. Date Incorporated or Qualifed
					01/19/1993
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			59-3154990   Not Applicable   \$8.75 Additional
Suite, 4pt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & State		- <del></del>	City & State		6 Elect on Campaign Financing 55.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
			8	11 Name	
SOMWAR, PARBATTIE W			8	2 Street	Address (P.O. Box Number is Not Acceptable)
1074 PROVIDENCE LANE					
OVIE	EDO FL 32765		8	13	
			5	4 City	85 Zip Oode
			į	[ ]	File of corporation submits this statement for the purpose of changing its registered
12.	Signature, typed or printed r ame of registered as OFFICERS A	DELETE	13.		ADDIT ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	l '	[] DELEIE		ļ	Change C Addition
NAME	SOMWAR, PARBATTIE		1.2 NAM		
STREET ADDRESS	1074 PROVIDENCE LANE			ET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	DELETE	1.4 CITY 2.1 TITL		☐ Change ☐ Addition
TITLE					
NAME			2 2 NAM		
STREET ADDRESS				EET ADDRESS /-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		Change Addition
NAME		_ =====	3 2 NAM		
STREET ADDRESS	1			EET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
TITLE		DELETE	4 1 TITL		☐ Change ☐ Addition
NAME			4. 2 NAA		
STREET ADDR :SS				EET ADORESS	
CITY-ST-ZIP			4	-ST-ZIP	
TITLE		☐ DELETE	5.1 TITL		☐ Change ☐ Addition
NAME			5.2 NAM	E .	
STREET ADDR-ISS			5.3 STR	ET ADDRESS	1
CITY-ST-ZIP			-	LI ADDITEO	
TITLE	<del></del>		5.4 CITY	-ST-ZIP	
		☐ DELETE	5.4 CITY 6.1 TITL	-ST-ZIP	. Change Addition
NAME		☐ DELETE		- ST-ZIP E	
STREET ADDRESS		☐ DELETE	6.1 TITLI 6.2 NAM	-ST-ZIP E	Change Addition

14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0; (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:

ar La TW AMU GS.
AT JRE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR