

OFFICE
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1998 8:00am
Secretary of State

DOCUMENT # P93000022904

1. Corporation Name
KOWLOON CITY INC.
6500 W 4 Avenue
#10, Hialeah, FL

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/26/93**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0417376**

Applied For
Not Applicable

21. Suite Apt # etc

26. Suite Apt # etc

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Bing Nuen Lee
6500 W 4 Avenue
#10, Hialeah, FL

81. Name

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

83.

84. City

FL

85. Zip Code

11. 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **Bing N Lee**

STREET ADDRESS **6500 W 4 Avenue, #10**

CITY-STATE-ZIP **Hialeah, FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

3000025247303

-05/15/98--01010--021

*****150.00**

14. I, the undersigned, being a duly qualified and sworn officer of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as filed with the Secretary of State, and that the same has been duly filed and recorded in the office of the Secretary of State.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BING Nuen Lee

BING N. Lee

CR2E034 (10/97)