

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 JUN 14 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/16/95--01037--022

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P93000041981 (0)

1. Corporation Name

GOLDEN CITY CHINESE CUISINE, INC.

Principal Place of Business
6873 W. COLONIAL DRIVE
ORLANDO FL 32818

Mailing Address
6873 W. COLONIAL DRIVE
ORLANDO FL 32818

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	25	06/09/1993	05/19/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 City & State	28 City & State	APPLIED FOR 59-318-7248	Not Applicable
24 Zip	29 Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUONG, QUANG
6873 W. COLONIAL DRIVE
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DUONG, QUANG	1.2 NAME	
STREET ADDRESS	8519 SUNNY HOLLOW CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32819	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DUONG, DENISE L	2.2 NAME	
STREET ADDRESS	8519 SUNNY HOLLOW CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32819	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1

955
6/14/95

5/8/95