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

**PROFIT** CORPORATION ANNUAL REPORT

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P93000050537 (8)

Country

## CHINN'S ORIENTAL CHINESE RESTAURANT CORPORATION

Principal Place of Business Mailing Address 28708 S. FEDERAL HIGHWAY 28708 S. FEDERAL HIGHWAY HOMESTEAD FL 33033 HOMESTEAD FL 33033-1233 3. Date Incorporated or Qualified 07/20/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 <u>65-0427238</u>

Suite, Apt. #, etc.

City & State

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Yes No 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CHINN, WILBERT 28708 S. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33033 83 84 City Zip Code 85

Country

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 of 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 Signation typed or printed traine of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND DIRECTORS		13.	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOUF	D DEL	LETE	1.1 TITLE	Change	Addition
NAME	CHINN, WILBERT	ı	1.2 NAME		
STREET ADDRESS	28708 S. FEDERAL HIGHWAY		1.3 STREET ADDRESS		
CiTy - ST - Zif	HOMESTEAD FL 33033		1.4 CiTY-ST-ZIP		
TITLE	☐ DEL	LETE	2 1 TITLE	Change	☐ Addition
NAMÉ			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY: ST-ZIP			2. 4 CITY-ST-ZIP		
Title	☐ DE	LETE	3.1 TITLE	☐ Change	Addition
NAMÉ			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ŀ
CITY - ST - 7IP			3 4. CITY-ST-ZIP		
TUTLE	☐ DĒŧ	LETE	4.1 TITLE	☐ Change	☐ Addition
NAME		1	4.2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY - S1 - ZIP	'		4.4 CITY - ST - ZIP		
TILLE	. DĒ€	LETE	51 TITLE	Change	Addition
NAME			5 2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CHY-ST-7IP			5.4 CITY - \$1 - ZIP		
TITLE	☐ DEI	LETE	6.1 TITLE	Change	Addition
NAME:			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this fiting 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

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

🕕 Wilbert Chinn

(305)245-0826

**FILED** 

May 07 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

05/01/1996

8. This corporation has liability for Intangible tax under s. 199.032,

6. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution