

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 OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90123 013 ***150.00

DOCUMENT # P93000056092

1. Corporation Name

TAK LI ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~207 LAWN ACRES CIR~~
~~HOLLYWOOD FL 33023~~

~~207 LAWN ACRES CIR~~
~~HOLLYWOOD FL 33023~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1993

2. Principal Place of Business

2a. Mailing Address

21 **3225 N. 36 AVE**

26 **3225 N. 36 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
HOLLYWOOD FL

27 City & State
HOLLYWOOD FL

23 Zip Country

28 Zip Country

24 **33021** 25

29 **33021** 30

4. FEI Number
65-0425441

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUTSTEIN, GEORGE J ESQ
#303-20801 BISCAYNE BLVD
AVENTURA FL 33180

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 **SHUM, MARCO**
STREET ADDRESS ~~207 LAWN ACRES CIR~~
CITY-ST-ZIP **HOLLYWOOD FL 33023**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **SHUM, MARCO**
1.3 STREET ADDRESS **3225 N. 36 AVE**
1.4 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ DELETE
NAME **SHUM, HARRY**
STREET ADDRESS **3331 SHERIDAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED BY SHUM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 (954) 963 677
Date Daytime Phone #

CR2E034 (11/98)