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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthani
Secretary of State

DIVISION OF CORPORATIONS

1996

P93000076309 (2)

DOCUMENT # 1. Corporation Name	P930000
PHOENIX SUN REST	AURANT, INC.

Principal Piace of Business Mailing Address					I IDANIADI ISA IAIRA 11891 ADISI		98441 18814 31188 1114) 9811 9 1314 18	•
5054 N. OCEANSHORE BLVD. PALM COAST FL 32137		5064 N. OCEANSHORE BLVD. PALM COAST FL 32137						
					3. Date Incorporated or Qualified 10/29/1993	3a. [Date of Last Report 06/27/1995	
2. Principal Pla	ce of Business	2a. Mailing Address		=	4. fEt Number	A	Applied For	
21		26			59-3214872		Not Applicable	3
Suite, Apt. # 22]	e, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
-¬ Zip	Country	Zip	Country		8. This corporation has liability for		e tax under s. 199.032,	
24	25]	29	30]		Florida Statutes Ye 10. Name and Address of New	s ∐No Bonistas		
	9. Name and Address of Curren	it Registered Agein	·	ame	TO, Name and Address of New	Hegisteri	ed Agent	-
CHAN	G, YU W		LL					}
	ON PL.		82 S	treet Accire	ss (P.O. Box Number is Not Accepta	ble)		
	COAST FL 32137		83		AND A TOTAL OF THE STREET			-
			84 C				85 Zip Code	4
				ı.y		F	L S Zap code	
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	and 607.1508, Florida Statul da. Such change was authonz ion 607.0505, Florida Statutes	es, the above named and by the corporat a.	ed corpora ion's board	fion submits this statement for the pu Lof directors. I hereby accept the app	rpose of pointment	changing its registered offic t as registered agent. I am	æ
SIGNATURE _								
	Signature, typied or printed manic of registered agent OFFICERS AND		ille Bayelmal Aged Sur 13.	saturo responsib	ADDITIONS/CHANGES TO OF	DATE OF A		
12. 1π.€	D OFFICERS AND	DELETE	1 1 11/LE	C _v	sident	I IOE NO P	Change X Addition	
NAME	CHANG, YU W	2.3	1.2 NAME				[] townson	
STREET ADDRESS	3 LINTON PL		13 STREET ADD	HESS SO	Chan King 54 N Oceanshore B	bul		
CITY-ST-ZIP	PALM COAST FL 32137		1.4 CITY - S? - 716	501	m (oast , FL 32	เรา		
TITLE	D	⊠ DFLETE	2 1 101.6		ce President		Change 🔀 Addition	-
NAME	LIU, SHU A		2.2 NAME		an Yun Fing		_	
STREET ADDRESS	3 LINTON PL		23 STREE: ADD	RESS S	S4 N Oceanshore	Blue	A	
CITY - ST - ZIP	PALM COAST FL 32137		2.4 City - \$1 - Zir	Pay	m (cast , FL 3213)		
7.01 E		☐ DELETE	3 1 11"LF	1			Change Addition	
NAME			3.2 NAME					
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CDY-81-7IP			3.4 CHY-ST 78	,				
TITLE		☐ DEFE16	4 1 THTLE				Change Addition	
NAME			4.2 NAME					
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CITY+SI-ZIP			4.4 CITY - ST - ZI	×			· ·	
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NAME			5.2 NAME					
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CITY - \$1 - ZIP			5.4 CHY-ST-ZII	P	, a - a - m			
TATLE		☐ DEFELE	6 THILE				Change Addition	
NAME			6.2 NAME					
STREET ADDRESS			63 STREET ADD					
CHY+SI+ZIP			6.4 CITY - ST - ZII	e I				- 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qually for the exemption stated in Section 119.07(3)fk), 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 earth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE: ASIGNATURE AND EMPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

32E034 (12/95

Districe Phone #