

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000076944 (6)

1. Corporation Name

CHINA GARDEN RESTAURANT, INC.

APPROVED
AND
FILED
MAY -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
19482 CORTEZ BLVD. BROOKSVILLE FL 34601	19482 CORTEZ BLVD. BROOKSVILLE FL 34601

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt # etc	Suite, Apt # etc
22	27
City & State	City & State
23	28
Zip	Zip
24	29
County	County
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
11/01/1993	05/01/1994
4. FEI Number	Applied For
59-3206091	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHING-CHUNG, LIN
4154 DELTONA BLVD.
SPRINGHILL FL 34606

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.013 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 607.0125, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIN, CHING-CHUNG
STREET ADDRESS	4154 DELTONA BLVD.
CITY, ST, ZIP	SPRINGHILL FL
TITLE	VPS
NAME	LIN, PAO H
STREET ADDRESS	4154 DELTONA BLVD.
CITY, ST, ZIP	SPRINGHILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, 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 included 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 (changed or no attachment with an address).

SIGNATURE: *Paou-Hua J.*
SIGNATURE AND TYPED OR PRINTED NAME OF MEMORIAL OFFICER OR DIRECTOR

SECRETARY