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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000076944 (6)

CHINA GARDEN RESTAURANT. INC.

Principal Place of Business Mailing Address 19482 CORTEZ BLVD 19482 CORTEZ BLVD. BROOKSVILLE FL 34801-3163 **BROOKSVILLE FL 34601** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1993 07/17/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3206091 26 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Country Zip Country This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes Yes No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHING-CHUNG, LIN 4154 DELTONA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SPRINGHILL FL 34606 83 84 City 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 Signar we happed or printed name of registered agent and blie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE 11 TITLE Change Addition 100.6 LIN, CHING-CHUNG 12 NAME R2E034 NAM 4154 DELTONA BLVD. 1.3 STREET ADDRESS STREET ADDRESS SPRINGHILL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP **VPS** DELETE Addition Change TRILLE 2.1 7(1) 6 LIN. PAO H 2.2 NAME 4154 DELTONA BLVD. 2.3 STREET ADDRESS STREET ADDRESS SPRINGHILL FL 2. 4 CITY-ST-ZIP CHY-ST-ZIF DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAM STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHIV-SI-ZI Addition DELETE Change THLE 4.1 TITLE 4. 2 NAME HAMI 4.3 STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP City SF-7IP DELETE Change Addition THE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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.

SIGNATURE:

STREET ADDRESS

CITY - \$1 - ZIP

PAD HUD UN 4-28-P7

Daytime Prione #

FILED

May 13 1997 8:00am

Secretary of State