

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 9:56

DOCUMENT # P93000079360 (2)

1. Corporation Name
KIM HON, INC.

Principal Place of Business
**625 SPRINGS PLAZA
U.S. 41
BONITA SPRINGS FL 33923**

Mailing Address
**625 SPRINGS PLAZA
U.S. 41
BONITA SPRINGS FL 33923**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/17/1993** 3a. Date of Last Report **07/28/1994**

4. FEI Number **65-0448572** 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 has liability for intangible tax under S. 109.032, Florida Statutes Yes No

21. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**WONG, SHIU M
22770 S TAMiami TRAIL #101
ESTERO FL 33928**

10. Name and Address of New Registered Agent

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 herewith and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent and the Filer

FEI (Registered Agent Signature Required when Necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	WONG, SHIU M
STREET ADDRESS	22770 S TAMiami TRAIL #101
CITY, ST, ZIP	ESTERO FL 33928
TITLE	TD
NAME	FAN, KWONG M
STREET ADDRESS	625 SPRINGS PLAZA
CITY, ST, ZIP	BONITA SPRINGS FL 33923
TITLE	D
NAME	MAK, LAI C
STREET ADDRESS	22770 S TAMiami TRAIL #101
CITY, ST, ZIP	ESTERO FL 33928
TITLE	PD
NAME	MAK, TINE FONE
STREET ADDRESS	2224 GULF GATE DR
CITY, ST, ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.01(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the incorporator or the person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with my name.

SIGNATURE: **SHIU MAN WONG** *Shiu Man Wong* **3/9** **813-9928881**
SIGNATURE AND TYPED OR PRINTED NAME OF SHUING OFFICER OR DIRECTOR