## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthand

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CO.

DOCUMENT # P93000079360 (2)

KIM HON, INC.

## FILED Feb 27 1998 8:00am Secretary of State

DY1-050-1000

KIM HC	DN, INC.				
Principal Place		Mailing Address			e inide title fittif sert ida:
		625 SPRINGS PLAZA U.S. 41			
BONITA SPRINGS FL 33923		BONITA SPRINGS FL 33923		DO NOT WRITE IN THIS S	SPACE
) <i>*</i>				3. Date Incorporated or Qualified	
		.,		11/17/1993	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #. etc.		Suite, Apt. #, etc.	-	65-0448572	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	
24	25 9. Name and Address of Current		30	Personal Property Tax due June 30.	Yes No
MA	K, KWOK PO	Trogical and Trogical	81 Name		
218 OAKMONT PARKWAY #20			B2 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
LEHIGH ACRES FL 33938			1.50	OG SE STREET	
			83		
1			84 City	0- 000 01	85 Zip Code
44 0	10. 6.70/00	- 1.007.4500 EL 12. Ohn to		HE CORAL FL	33909
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submite this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					changing its registered cintment as registered
1 .	n familiar with, and accept the obligati	ioris of, Section 607.0505, Flor	ida Statutes.	$\mathcal{A}_{\mathcal{A}}$	72/87
SIGNATURE	Bignature, typind or printed name of registered agent	and tilled applicable (NOTE	Registered Agent signature re-	equired when reinstating) DATE	2///
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
THILE	D	DELETE	1.1 TITLE		Change Addition
NAME	MAK, LAI C 22770 S TAMIAMI TRAIL		1.2 NAME		·
STREET ADDRESS	ESTERO FL 33923		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	MAK, TING FONG	<b>64</b> **** *	2.2 NAME		
STREET ADDRESS	2224 GULF GATE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	SD MAY MAYOR DO	<b>X</b> DELETE	3.1 TITLE		Change  Addition
NAME	MAK, KWOK PO 218 OAKMONT PARKWAY #2		3 2 NAME		
STREET ADDRESS	LEHIGH ACRES FL 33936		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TD	X DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	·	Change Addition
NAME	LAI, SING MING	WENT DELECTE	4. 2 NAME		
STREET ADDRESS	4371 NW 80TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		4.4 CITY-ST-ZIP	•	
TITLE		DELETE	5.1 TITLE	President	Change X Addition
NAME			5.2 NAME	Pau chin Chou	
STREET ADDRESS				1326 SEOISTRET CAPE CORAL PL 33904	
CfTY-ST-ZIP		☐ DELETE			Change Addition
TITLE		רין מנונונ	6.1 TITLE		LI CHANGE LI AGOIGON
NAME CORECT ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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.