


FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90005 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000088177					
1. Corporation Name CHINESE CHOP SUEY, INC.					
Principal Place of Business 406 N. DIXIE HWY LAKE WORTH FL 33460			Mailing Address 406 N. DIXIE HWY LAKE WORTH FL 33460		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 01/01/1994	
4. FEI Number 65-0456017		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent YU, KWONG W 10211 ALLAMANDA BLVD. PALM BEACH GARDENS FL 33410			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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YU, SHEUNG H 10211 ALLAMANDA BLVD. PALM BEACH GARDENS FL 33410		<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YU, MAY H 10211 ALLAMANDA BLVD. PALM BEACH GARDENS FL 33410		<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> DELETE		

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, with all other like empowered.

SIGNATURE: *Victor Yu* (VICTOR YU) *2/2/99* *561 586-0502*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Sherng Ho Yu

CR2E034 (1/198)