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**PROFIT** CORPORATION **ANNUAL REPORT** 1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # PO2000088177

## **FILED** Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90005 043 \*\*\*150.00

1. Corporation CHINESI	E CHOP SUEY, INC.							
Principal Place	e of Business	Mailing Address			A IESTICAL IN INTER LISTS Ages and natur have	2) ( EPET 1858) 11811	10011 1001 1001	
406 N. DIXTE HWY 406 N. DIXTE HWY					·			
LAKE WORTH FL 33460 LAKE WORTH FL 33460					DO NOT WRITE IN THIS SPACE			
					<u> </u>	3 SPACE		1
1					3. Date Incorporated or Qualifed			
2. Principal Place of Business 2a. Mailing Addr					01/01/1994 4. FEI Number	I An	plied For	1
· ·	face of Business	2a. Mailing Address			1 ""		t Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0456017	\$8.75		
Suite, Apr.	#, etc.	27			5. Certificate of Status Desired	Fee Re		
	همان منی بر سف منی <sub>و ا</sub> ین برای این است و این و	City & State			6: Election Gempuign Financing \$5.00 May 80			
23		28			Trust Fund Contribution Added to Fees			l
Zip	Country	Zip	Zip Coun		8. This corporation owes the current year Intangible		_	
24	25	29	30		Personal Property Tax.	Yes	□No	l
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	d Agent		ı
				81 Name				ı
	KWONG W			82 Street Addr	ress (P.O. Box Number is Not Acceptable)			1
	1 ALLAMANDA BLVD.  1 BEACH GARDENS FL 33410		<u> </u>					ĺ
PALI			83	,			1	
			i	84 City		85 Zip (	Code	1
				[ ] = "		FLITT		
office or n agent. I a	to the provisions of Sections 507.050 egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change was a slions of, Section 607.0505, Fic	ies, the all authorized orida Stati	oove-named corp f by the corporation utes.	poration submits this statement for the purpose on's board of directors. I hereby accept the appoint	ointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered ager			Agent signature require	d when reinstating) DATE		00 111 40	8
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	1 5
TITLE	D DELETE		1.1 Tr	i				CR2E034 (11/98)
NAME	YU, SHEUNG H		12 N		•			8
STREET ADDRESS			1.3 STREET ADDRESS					12
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		_	TY-ST-ZIP		Change	Addition	5
TITLE	D DELETE		21 π	ſ		[] (m.g.g.		l
NAME	YU, MAY H		2.2 N/	` '				1
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CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		3.1 TI	TY-ST-ZIP		☐ Change	Addition	1
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TITLE		☐ DELETE	3.4. C	ITY-ST-ZIP		☐ Change	Addition	1
NAME			4.2 N	1				
-				TREET ADDRESS				l
STREET ADDRESS							j	
CITY-ST-ZIP TITLE			5.1 TI	TY-ST-ZIP		Change	Addition	ĺ
NAME	₩ betele		5.2 N	II	•	-		
STREET ADDRESS				REET ADDRESS				ĺ
CITY-ST-ZIP				TY-ST-ZEP				
TITLE	☐ DELETE		6.1 TT			Change	☐ Addition	
NAME		-	6.2 N	NAE				ĺ
STREET ADDRESS			6357	TREET ADDRESS		•		1
CITY-ST-ZIP			6.4 CF	TY-ST-ZIP				i
44 11-01-01	Land the state of the second second second second	bh shin filing dans and mustide da	r the eve	metica stated in C	Section 119 07/3VI) Florida Statutes, I further of	ertify that the it	formation	

I nervey certify that the information supplied with mis filling does not quality for the exemption stated in Section 118.07(3)(1). Florida Statutes, I turner certify that the findicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oalt; 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.

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