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

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

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000013500 (1)

PENG LEUNG, INC.

Principal Place of Business Mailing Address 8350 N.W. 7TH ST. 6350 N.W. 7TH ST. PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-6640 3. Date incorporated or Qualified 3a. Date of Last Report 02/14/1994 03/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0478628 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intengible tax under s. 199.032, 24 25 29 ☐ No 30 Elorida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LEUNG, JOHN 81 Name <del>0050 N.W. 7TH ST.</del> Street Address (P.O. Box Number is Not Acceptable) 62 PEMBROKE PINEO FL 33024 83 5 DIXIE HWY 84 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, am facting with, and accept the obligations of, Section 607,0505, Florida Statutes. Typed or pended name of moretened agent and the if madicable (NOTE: Bogistered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 DILE Change Addition **LEUNG, JOHN** NAME 1.2 NAME 8350 N.W. 7TH ST. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP 14 CHY-SI-ZiP DELETE TITLE 2.1 THLE \_\_\_ Change Addition LEUNG, TOY-WEN NAME 8350 N.W. 7TH ST. STREET ADDRESS 2.3 STREET AUDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP 2.4 CHY-ST-ZIF TITLE DELETE Change 3.1 MILE \_\_\_ Addition PENG, SAY W 3.2 NAME 8350 N.W. 7TH ST. STREET ADORESS 3.3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP 3.4 CHY-\$1-76

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Socion 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 eath; 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

4.1 THLE

4.2 NAME

5.1.1IHE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET APDRESS

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6.3 STREET ADDRESS 6.4 CPY-S1-7P

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Mar 14 1997 8:00am

Secretary of State