

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000024991 (9)

1. Corporation Name

LUCY HO'S BAMBOO GARDEN OF WINTER HAVEN, INC.



Principal Place of Business

Mailing Address

100 WINTERHAVEN MALL  
WINTERHAVEN FL 33880  
US

P O BOX 1807  
OCALA FL 34478-807  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1994

4. FEI Number

59-3245839

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 4949 International Drive

Suite, Apt. #, etc.

22 #FC3

City & State

23 ORLANDO FL

Zip

24 32819

Country

25 US

2a. Mailing Address

26 P.O. BOX 1807

Suite, Apt. #, etc.

27 City & State

28 OCALA FL

Zip

29 34478-1807

Country

30 US

9. Name and Address of Current Registered Agent

LAO, BO-YU  
100 WINTER HAVEN MALL  
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

PAI-CHIN LIAO

82 Street Address (P.O. Box Number is Not Acceptable)

4949 INTERNATIONAL DRIVE #FC3

83

84 City

ORLANDO

FL

85 Zip Code

32819

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 X PAI-CHIN LIAO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

X 4/15/98

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

LAO, BO-YU

STREET ADDRESS

1105 N 14TH ST

CITY-ST-ZIP

LEESBURG FL 34748

TITLE

D

NAME

SNOKE, CAROL

STREET ADDRESS

200 AVE K S.E. APT 461

CITY-ST-ZIP

WINTERHAVEN FL

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE X PAI-CHIN LIAO

X 3/19/98 X 407-363-0269

CR2E034 (10/97)