Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90216 015 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000024991

1. Corporation Name

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

•										
Principal Place	of Business	Mailing Address					e consider ein entre mare datet gett	r marte antica i	1811 BIESE SESSE	
4949 INTERNATIONAL DR		P O BOX 1807								
FC3		OCALA FL 34478-807					DO NOT WEIT IN THE SPACE			
ORLANDO FL 3	2819	US	US				DO NOT WRITE IN THIS SPACE			
US							3. Date incorporated or Qualifed			ì
							03/28/1994		7 1 4-	aliad Cos
2. Principal Pla	ace of Business	2a. Mailing Addr	ress				4. FEI Number		<u> </u>	plied For it Applicable
21		26					59-3245839		\$8.75	
Suite, Apt. #	#, etc.	Suite, Apt. #	r, etc.				5. Certifcate of Status Desired		Fee.Re	
22 - City & State		City & State					Election Campaign Financing	<u></u>	\$5.00	
City & State	•	28				Ì	Trust Fund Contribution		Added t	*
Zip	Country	Zip	<del></del>	Countr			8. This corporation owes the curre	nt vear Inta		
·····	25	29	3		•		Personal Property Tax.	in your inc	Yes	□No
24	9. Name and Address of Currer		<del></del>	1	<del></del>		10. Name and Address of New Re	egistered A	Agent	
	s, Hame and Address of Correct	it it ogiotorou zigoini		8	1 Name					
LIAO	, PAI-CHIN			<u> </u>			(D.O. D. Al., b i- M-4 Assertab	-1-1		
4949	INTERNATIONAL DR			. 8:	2 Street	Addres	ss (P.O. Box Number is Not Acceptab	ne)		ļ
FC3				8:	3					
ORL	ANDO FL 32819								· ·	
				8	4 City			FI	85 Zip (	Code
44 Dureupet i	to the provisions of Sections 607 050	12 and 607 1508 Flor	rida Statutes	the abo	ve-named	COLDOL	ation submits this statement for the p	urpose of	changing its	registered
office or re	egistered agent or both in the State.	of Florida, Such char	nge was auti	nonzed D	v the como	oration	's board of directors. I hereby accept	the appoir	ntment as re	gistered
agent. I ar	m familiar with, and accept the obliga	itions of, Section 607.	.0505, Florid	a Statute	8.					
SIGNATURE	Signature, typed or printed name of registered age	ot and title if conlicable	(NOTE: R	enistered An	ent signature r	equired v	when reinstating)	DATE		——— i
12.	OFFICERS AN		(10.12.11	<u> </u>			ADDITIONS/CHANGES TO OFF	CCDC AN	D DIRECTO	DS IN 12
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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.

CITY-ST-ZIP

X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-370-2429