## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400032911 (7)  JENKINS & CHIN SHUE INCORPORATED								
Principal Place of Business Mailing Address					···			
33 SE 7TH 9	STREET	33 SE 7TH STREET						
SUITE H BOCA RATON FL 33432		SUITE H	SUITE H					
US BOGA HATO	N FL 33432	BOCA RATON FL 3343	2		3. Date Incorporated or Qualified	3a. Date of Last Re	nort.	
					04/28/1994	08/10/199		
· · · · ·	lace of Business	2a. Mailing Address	2a. Mailing Address				Applied For	
Suite, Apt.	4 445	26				<del></del>	Not Applicable	
22 Surte, Apt.	#, OIC.	Suite, Apt. #, etc.	h-ma				Additional	
City & State		City & State				Fee H	Required	
23	-	28	<b> </b>		Election Campaign Financing     Trust Fund Contribution		May Be	
Zip			Zip Country		This corporation has liability for its second contribution.	Added	to Fees	
24	25	29	29 30					
	9. Name and Address of Cu	irrent Registered Agent		r	10. Name and Address of New R	egistered Agent		
	A - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		81	Name	·			
	S, DAVID W.		82	Street	Address (P.O. Box Number is Not Acceptab	le)		
	'TH STREET, SUITE H YATON FL 33432		83					
DOUR N	WIUN PL 33432		63					
				City			Code	
11. Pursuant t	to the provisions of Sections 607.0	1502 and 607.1508, Florida Statute	s, the above-r	named c	orporation submits this statement for the pur	rose of changing its re	oristored office	
or register familiar wit	od agent, or both, in the state of the same of the same accept the objections of S	Plofida. Such change was authorize Section 607.0505, Florida Statutes.	ed by the corp	oration's	orporation submits this statement for the pur board of directors. I hereby accept the appo	intment as registered a	agent. I am	
SIGNATURE	- Color					5.6.96		
				l signature	supired when reinstating)	5.6.96 DATE		
TITLE	D	OFFICERS AND DIRECTORS  DELFTE			ADDITIONS/CHANGES TO OFFI	···		
NAME	JENKINS, DAVID W		1. 1 TITLE		·	☐ Change	Addition	
STREET ADDRESS	2804 BRIDGEWOOD CIRC	) F	1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP BOCA RATON FL 33434			1.4 CITY - ST-ZIP					
TITLE	D	DELETE	2 1 TUTLE			Change	Addition	
NAME	-SHUE, PATRICK N.		22 NAME		CHINSHUE, PATRICK 6236 COUNTRY FAIR	N )	☐ Addition	
STREET ADDRESS	6236 COUNTRY FAIR CIR		23 STREET ADDRESS 6		6236 COUNTRY FAIR	CLECKE		
CITY-S1-ZIP	BOYNTON BEACH FL 334	137	2.4.C/TY+ST+Z/P		BOYNTON BEACH, F	1 33437		
TITLE	DELETE 3		3 1 TITLE			Change	Addition	
NAME CARSET ABORDOO			3.2 NAME					
STREET ADDRESS	· i		3.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	F   DE: 534		3.4 CITY - S	I - ZIP				
NAME			4. 1 TO LE			☐ Change	☐ Addition	
STREET ADDRESS	}		4.2 NAME					
CITY-ST-ZIP	CT 710		4.3 STREET					
TITLE	The state of the s		44 CITY-ST 5 1 TITLE	- ZiP		CI Change	C) Addres	
NAME			5.2 NAME			☐ Change	☐ Addition	
STREET ADDRESS			5.3 STREET	ADDRESS	•			
CITY-ST-ZIP			5.4 CITY- ST					
TITLE	- D. C. C.		6 1 TITLE			Change	Addition	
NAME			6 2 NAME					
NAME STREET ADDRESS CITY-ST-ZIP			62 NAME 63 STHEET	ADDRESS				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 chapter or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: PATILICE CHINISHUE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5 · 6 · 96 407 361-0731
Date Deytine Phone #