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

P94000037810

PROFIT CORPORATION ANNUAL REPORT

1999

21 CHINA WOK, INCORPORATED

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90114 047 ***150.00

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								<u> </u>	
Principal Place	e of Business	Mailing Address				- I SEALSEAN SIG MAINT BARN BRINS BRINS BREST WAS	40 (114) (440) (41	184 11811 8811 1881	
2425_EDGEWATER_DRIVE 12019 DENNISON CT. ORLANDO FL 32084 ORLANDO FL 32821 US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 05/19/1994			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	F	Applied For	1
21		26	26			59-3240026		Not Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>⊢</u>			5. Certificate of Status Desired			
City & State	e	City & State	⊢ '			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees]
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year I	ntangible]
24	2529		30			Personal Property Tax.]
-	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Registere	d Agent]
				81	Name				ļ
YU, MING CHUN '			82 Street Addr			ss (P.O. Box Number is Not Acceptable)			-
6440 EAST-COLONIAL DRIVE									_]
· ORL	ANDO FL 32807			83					}
				84	City		. 85 Zip	Code	1
,						<u>F</u>	_ ' ' _]
` -office or n	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	authorized	d by ti	named corporation	ration submits this statement for the purpose o's board of directors. I hereby accept the app	of changing it ointment as r	ts registered registered	
SIGNATURE			_						}
	Signature, typed or printed name of registered ager		-	i Agent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	ND DIDECT	CODE IN 12	√ é
12.	PT :	ID DIRECTORS	13,	71 -		ADDITIONS/CHANGES TO OFFICERS /	Change		1 3
TITLE NAME	YU, MING CHUN	DECETE	1.2 N				onding-		
ĺ	12019 DENNISON CT				ADDRESS		*		5
STREET ADDRESS	ORLANDO FL		1	ITY-ST-	1				5
CITY-ST-ZIP	T	□ DELETE	2.1 TI		<u> </u>		☐ Change	e	{
NAME	LIU, SU FENG	<u></u>	2.2 N/					_	1
STREET ADDRESS	12019 DENNISON CT		1		ADDRESS				
	ORLANDO FL 32821			ITY-ST					
CITY-ST-ZIP TITLE	DELETE 3.171			ZIF		Change	e 🔲 Addition	1	
NAME	YU, PAT S	_	3.2 N						1
STREET ADDRESS	12019 DENNISON CT				NODRESS				ĺ
CITY-ST-ZIP	ORLANDO FL			ITY-ST					
TITLE	3110 112	☐ DELETE	4.1 TI				Change	e Addition	1
NAME			4.2 N	IAME					-
STREET ADDRESS			4.3 S1	TREET A	ADDRESS				
_CITY-ST-ZIP			4.4 C	TY-ST-	ZIP]
TITLE		☐ DELETE	5.1 TI				☐ Change	e	1
NAME			5.2 N/	AME					
STREET ADDRESS			5.3 S1	FREET A	DDRESS				1
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP]
TITLE		☐ DELETE	6.1 Ti	TLE			☐ Change	e	
NAME			6.2 N/	AME	j			•	
STREET ADDRESS			6.3 ST	TREET A	DDRESS				

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, with all other like empowered.

6.4 C/TY-ST-Z/P

SIGNATURE: