

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000038533 (3)**

1. Corporation Name

CHUN BO CHINESE RESTAURANT, INC.



Principal Place of Business

**3211 S FEDERAL HIGHWAY
FT PIERCE FL 34982**

Mailing Address

**3211 S FEDERAL HIGHWAY
FT PIERCE FL 34982**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent

**JAMES A BOND PA
1251 SW 27 STREET
PALM CITY FL 34990**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, Florida Statutes, the above named corporation submits the 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. The city, county and the apartment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____ DIV. _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PRESIDENT <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KWOK, SAU C	2. NAME	
STREET ADDRESS	2049 HARLOW STREET	3. STREET ADDRESS	
CITY-STATE-ZIP	PORT ST LUCIE FL 34952	4. CITY-STATE-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIU ON CHAN	6. NAME	
STREET ADDRESS	2157 SE DOLPHIN RD.	7. STREET ADDRESS	
CITY-STATE-ZIP	PT ST LUCIE FL 34952	8. CITY-STATE-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAM KUEN KWOK	10. NAME	
STREET ADDRESS	2243 SE LUCAYA ST.	11. STREET ADDRESS	
CITY-STATE-ZIP	PT ST LUCIE FL 34952	12. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	

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***200.00**

14. I do hereby certify that the information supplied in this filing is true, correct and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Sau Chun Kwok* **3/18/96** **(407) 465-0570**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

SAU CHUN KWOK