

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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000038533 (3)**  
 1. Corporation Name  
**CHUN BO CHINESE RESTAURANT, INC.**



Principal Place of Business <b>3211 S FEDERAL HIGHWAY                  FT PIERCE FL 34982</b>	Mailing Address <b>3211 S FEDERAL HIGHWAY                  FT PIERCE FL 34982</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 FORT PIERCE</b> Suite, Apt. #, etc. <b>22 3211 S. US 1</b> City & State <b>23 Fla.</b> Zip <b>24</b>	2a. Mailing Address <b>26 CHUN BO RESTAURANT</b> Suite, Apt. #, etc. <b>27 3211 S. US 1</b> City & State <b>28 FORT PIERCE FLA.</b> Zip <b>29</b>	Country <b>25 St. Lucie</b>	Country <b>30 St. Lucie</b>
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3. Date Incorporated or Qualified <b>05/17/1994</b>	4. FEI Number <b>65-0492783</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**JAMES A BOND PA  
 1251 SW 27 STREET  
 PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KWOK, SAU C	
STREET ADDRESS	2049 HARLOW STREET	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAN, SIU ON	
STREET ADDRESS	2157 SE DOLPHIN RD.	
CITY-ST-ZIP	PT. ST. LUCIE FL 34952	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KWOK, KAM KUEN	
STREET ADDRESS	2243 SE LUCAYA ST.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_ *Sandra B. Mortham 4-9-98*

CR2E034 (10/97)