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

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90065 004 ***150.00

DOCUMENT # P9400038533

1. Corporation Name

CHUN BO CHINESE RESTAURANT, INC.

	•									
Principal Place	e of Business	M	ailing Address							100 11100 1111 1001
FORT PIERCE		СН	IUN BO RESTAURANT							
3211 SOUTH U	IS1	321	IT SOUTH UST					DO NOT MIDITE IN THE	200405	
FT PIERCE FL 34982 FT PIERCE FL 34982								DO NOT WRITE IN THIS SPACE		
บร ;		US	•					3. Date Incorporated or Qualifed		
ì								05/17/1994		
2. Principal P	Place of Business	2a.	. Mailing Address					4. FEI Number	-	Applied For
21		26						65-0492783		Not Applicable
Suite; Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional
22		27							Fee	Required
City & State			City & State					6. Election Campaign Financing	\$5.0	0 Мау Ве
23		28						Trust Fund Contribution	Adde	d to Fees
Zip	Country		Zip Country					8. This corporation owes the current year Ir		_
24 ,	25	29		30				Personal Property Tax.	☐ Yes	□No
į	9. Name and Address of Curre	nt Regis	stered Agent					10. Name and Address of New Registered	Agent	
,					81	Name	3			
	ES A BOND PA			_	82	Stroo	t Addrag	ss (P.O. Box Number is Not Acceptable)		
1251	I SW 27 STREET			`	02	Suee	LAUGIES	ss (F.O. Box Number is Not Acceptable)		
PALI	M CITY FL 34990				83					
,									T T	
;					84	City		F	85 Zi	p Code
11 Purrupat	to the provisions of Sections 607 050	12 and 6	07 1508 Florida Sta	utae tha	above	-namer	t comor	ation a harite this statement for the purpose of	f changing i	its registered
office or.r	registered agent, or both, in the State	of Florid	da. Such change was	authorize	d by	the con	poration	's board of directors. I hereby accept the appo	intment as	registered
agent. I a	m familiar with, and accept the obliga	itions of	Section 607.0505, F	loridā Sta	tüles				-	
SIGNATURE								when reinstating) DATE		
45	Signature, typed or printed name of registered age OFFICERS Al			TE: Registere		il signature	required v	when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
12.	·	NU DIRE	DELETE		ITLE		7	ADDITIONS/CHANGES TO CIT IDENCE	Chang	
TITLE	PD		C. DELETE							•
NAME :	KWOK, SAU C				VAME					
STREET ADDRESS				1,3 \$	TREET	ADDRESS	⁸			
CITY+ST-ZIP	PORT ST LUCIE FL 34952				CITY-S	T-ZIP				- DAAW
TITLE	D		☐ DELETE	2.1 1	ITTLE		1		Chang	e
NAME	CHAN, SIU ON			2.21	AME		1			
STREET ADDRESS	2157 SE DOLPHIN RD.			2.3 \$	TREET	ADORESS	5			
CITY-ST-ZIP	PT. ST. LUCIE FL 34952			2.4	CITY-S	T-ZIP				
TILE	S		☐ DELETE		TILE.				Chang	e Addition
NAME	KWOK, KAM KUEN			3.21	AME					
STREET ADDRESS						ADDRESS	s			
1 :	PT. ST. LUCIE FL				CITY-S					
CITY-ST-ZIP	T 1. 31. LUGIE FL		☐ DELETE		TITLE	1 * 431*	+		Chang	e Addition
TITLE !										
NAME	ļ				NAME.		_			
STREET ADDRESS						ADDRESS	s			
CITY-ST-ZIP					CITY-S	r-zip	 			
TITLE	1		I I DELETE	5.17	MLE				Chang	e 🗌 Addition
			☐ DELETE							
NAME			L'I NETE IE	5.2 ?	NAME					
1 .			LJ DELETE			ADDRESS	s			
NAME ;			C3 DEFEIG	5.3 \$			S			
NAME STREET ADDRESS			DELETE	5.3 S 5.4 C	TREET		5		[] Chang	e Addition
NAME STREET ADDRESS CITY-ST-ZIP		• • •		5.3 \$ 5.4 (STREET		6	<u> </u>		e ☐ Addition
NAME ; STREET ADDRESS C/TY-ST-ZIP	and the same of th			5.3 \$ 5.4 (6.1] 6.2 f	STREET CITY+S' TITLE NAME					e Addition

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.