

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000040528**

1. Corporation Name

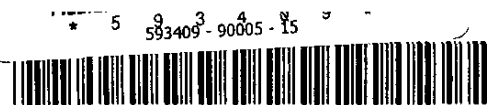
**KING PALACE II, INC.**

Principal Place of Business  
**330 NE 167 STREET  
NORTH MIAMI BEACH FL 33162**

Mailing Address  
**330 NE 167 STREET  
NORTH MIAMI BEACH FL 33162**

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90005 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/25/1994**

4. FEI Number

**65-0501700**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENBERG, ALAINE S  
6950 CYPRESS ROAD  
SUITE 101  
PLANTATION FL 33317**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **CHUNG, WOON CHONG**  
STREET ADDRESS **330 NE 167 STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **VD** ☐ DELETE  
NAME **NG, DOMELLA**  
STREET ADDRESS **330 NE 167 STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **STD** ☐ DELETE  
NAME **CHUNG, WAI LEUNG**  
STREET ADDRESS **330 NE 167 STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Woon Chong Chung*

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

593409-90005-15  
P 94000040528

WOLFSON & ASSOCIATES, P.A.  
CERTIFIED PUBLIC ACCOUNTANTS  
130 SOUTH UNIVERSITY DRIVE, SUITE D  
PLANTATION, FLORIDA 33324  
PHONE: (954) 475-8670 FAX: (954) 475-8788

July 14, 1999

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

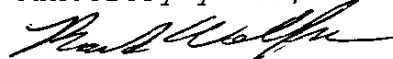
REF: King Palace II, Inc.  
Doc# P 94000040528  
FIN# 65-0501700

Dear Sir/Madam

We represent the above named taxpayer. Please be advised that my client did not receive the first notice to file his 1999 annual report. Unaware and unable to remember the deadline, my client inadvertently missed the deadline to file the annual report. In the past my client has always filed and paid his annual report fees in a timely fashion. Please consider these facts and accept this check in the amount of \$150.00 for the annual report fee.

Thank you in advance for your cooperation and consideration in this matter. If we can be of any further assistance please do not hesitate to contact my office.

Sincerely yours,



Mark Wolfson  
Certified Public Accountant

cc: King Palace II  
Enclosed

mb/ke: king