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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000042466 (0)

LAM & CHAN, CORPORATION

FILED Apr 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1725 E. OAK STREET 1725 E. OAK STREET ARCADIA FL 33821 ARCADIA FL 34266-8925									
						3. Date Incorporated or Qualified 06/08/1994		ate of Last F 10/1996	Report
2. Principal	Place of Business	2a. Mailing Addr	ess			4. FEI Number			pplied For
21	- A	26				65-0489792			ot Applicable
Suite Apt	t.#, etc	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Re			
City & Sta	ate	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country	,	8. This corporation has liability for in			199.032,
24	25 9, Name and Address of Cu	29	30			Florida Statutes 10, Name and Address of New Reg		_ No	
000		anoth Hogistorou Agoin	.,	81	Name	10, 1141110 4110 11411 1149		190111	
	own, fletcher North Boulevard			-					
ARCADIA FL 33821				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
7,414	0/ 0 0/11			83					
				84	City			85 Zip	Code
						poration submits this statement for the pution's board of directors. I hereby accept	FL	,	
12.	Signal are apped or punted name of register OFFICERS	ed agent and title if applicable. B AND DIRECTORS DE		stered Ap I3. I.1 TITLE	ent signature requ	ired when reinstaling) ADDITIONS/CHANGES TO OFFICE	rs and	DIRECTOF	RS IN 12
NAME I	BAM, HON Y			1.2 NAME				C Children	Lad recomen
STHEET ADDRESS	4-45 C ALL AV				T ADDRESS				
CITY - ST - 21P	ARCADIA FL			I.4 CITY-S	ST-ZIP				
TITLE	VP	10	LETE ;	2.1 TITLE		•		Change	Addition
NAME	CHAN, KEK M		1	2.2 NAME			,		
STREET ADDRESS	1725 E OAK ST ARCADIA FL				AODRESS				
CITY-ST-ZIP TITLE	ANDADIA FL	□ DE		2. 4 CITY- 3.1 TITLE	SI-ZIP			Change	Addition
NAME				2 NAME)				
STREET ADDRESS	5			3.3 STREET	ADDRESS				
CITY - S1 - ZIP				3 4. CITY-	ST-ZIP				
THEF		☐ DE		1.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS	5				ADDRESS				
CHY-ST-ZIP TITLE		DE		4.4 CITY-: 5.1 TITLE	SI-ZIP			Change	Addition
NAME		₽ D.		5.2 NAME					,,,aditibil
STREET ADDRESS			1		T ADDRESS				
CITY-S1-ZIP				5.4 CITY-S					
TITLE		□ DI		6.1 TITLE				Change	Addition
NAME			1	6 2 NAME					
STREET ADDRESS	;		1	5.3 STREE	ADDRESS				
CITY: \$1-ZIF			r i	6.4 CITY - S	ST-ZIP				

14. I do 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: HON Y LAM

IAME OF SIGNING OFFICER OR DIRECTOR

//4/97 94/-993-400: Date Devime Prone :