FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000047434 (3)

1. Corporation Name

SHANG HAI CHINESE RESTAURANT & LOUNGE, INC.

Principal Place of Business
339 JOHN SIMS PKWY
NICEVILLE FL 32578

Mailing Address
339 JOHN SIMS PKWY
NICEVILLE FL 32578

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-3263820 — ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

~~MOORE, BART C~~
~~102 BAYSHORE DR~~
~~NICEVILLE FL 32578~~

10. **Name and Address of New Registered Agent**

81 Name: LIN, CHIN YU
82 Street Address (P.O. Box Number is Not Acceptable): 339 JOHN SIMS PKWY
83
84 City: NICEVILLE — FL — 85 Zip Code: 32578

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: CHIN YU LIN (signature) DATE: 7/8/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	~~DPS~~	☐ DELETE
NAME	~~HOU, TUNG C~~	
STREET ADDRESS	~~339 JOHN SIMS PKWY~~	
CITY-ST-ZIP	~~NICEVILLE FL~~	
TITLE	~~DVT~~	☐ DELETE
NAME	~~HSU, LEE I~~	
STREET ADDRESS	~~339 JOHN SIMS PKWY~~	
CITY-ST-ZIP	~~NICEVILLE FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DPS	☒ Change ☐ Addition
1.2 NAME	LIN, CHIN YU	
1.3 STREET ADDRESS	339 JOHN SIMS PKWY	
1.4 CITY-ST-ZIP	NICEVILLE, FL 32578	
2.1 TITLE	DVT	☒ Change ☐ Addition
2.2 NAME	LIN, KYE SUK	
2.3 STREET ADDRESS	339 JOHN SIMS PKWY	
2.4 CITY-ST-ZIP	NICEVILLE, FL 32578	
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	100001893451	☐ Change ☐ Addition
5.2 NAME	-07/15/96--01023--009	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: (signature) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-30-96 — Daytime Phone #: (904) 678-3667