FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 25 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000048432 (6)**

1. Corporation Name
YINGS CHINEE TAKEE OUTEE NO 448, INC.

Principal Place of Business	Mailing Address
P O BOX 16952 JACKSONVILLE FL 32245-6952	✓ P O BOX 16952 JACKSONVILLE FL 32245-6952 Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1994	3a. Date of Last Report:
2. Principal Place of Business: 21 6682 103rd Street	2a. Mailing Address: 26 P.O. Box 16952
4. FEI Number: 59-3252856 ☐ Applied For ☐ Not Applicable	
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27 *
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required	
City & State: 23 Jacksonville, Florida	City & State: 28 JAX, FL
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees	
Zip: 24 32210 Country: 25 Duval	Zip: 29 32245 Country: 30 Duval
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YING, MATTHEW 6682 103RD STREET JACKSONVILLE FL 32210	81 Name: CAU Nhi CHONG 82 Street Address (P.O. Box Number is Not Acceptable): 2180 Jammes Road 83 84 City: Jacksonville FL 85 Zip Code: 32210

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: X Cau Nhi Chong — Cau Nhi Chong — 4-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	YING, MATTHEW	1.2 NAME	
STREET ADDRESS	7149 GLENDYNE DR SOUTH Delete	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LU, CENG-HUA	2.2 NAME	[redacted]
STREET ADDRESS	10257 TRIPLE CROWN AVE Delete	2.3 STREET ADDRESS	[redacted] Dr S
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	[redacted]
TITLE	President/Director	3.1 TITLE	☒ Change ☐ Addition
NAME	CAU NHI CHONG	3.2 NAME	~~Ceng-Hua Lu needs to be deleted~~
STREET ADDRESS	2180 Jammes Rd	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 32210	3.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer/Director	4.1 TITLE	☐ Change ☐ Addition
NAME	PENG KUNN LIO	4.2 NAME	
STREET ADDRESS	2180 Jammes Rd	4.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 32210	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: X Cau Nhi Chong — Cau Nhi CHong — 4-19-95 — 904-786-5545
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0407A32 FP