

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

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90010 031 ***150.00

DOCUMENT # P94000069628

1. Corporation Name

SHANHAI CHINESE RESTAURANT, INC.



Principal Place of Business

37915 FOUNTAIN RD., S.R. 54
ZEPHYRHILLS FL 33543

Mailing Address

37915 FOUNTAIN RD., S.R. 54
ZEPHYRHILLS FL 33543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1994

4. FEI Number

59-3270485

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

NGUYEN, KHOI P
37915 FOUNTAIN RD. S.E. 54
ZEPHYRHILLS FL 33543

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE
NAME **HUYNH, HUNG**
STREET ADDRESS **505 1/2 WALNUT STREET**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE ☐ DELETE
NAME **Pres-Treas**
STREET ADDRESS **Khoi P Nguyen**
CITY-ST-ZIP **37915 Fountain Rd S.E. 54**

TITLE ☐ DELETE
NAME **Zephyrhills Fl 33543**
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 ☐ 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: **X Khoi P Nguyen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/99 (813) 783-3659

CR2E034 (5/99)

SHIRLEY J CROWNSBERRY INC

P94000069628
590525-90010-31

104 13TH ST SE

Address Line 2

WINTER HAVEN FL 33880-3121

Country

Fax 941-299-1612

Home Phone 941-293-6460

JULY 12, 1999

FLORIDA DEPARTMENT OF STATE

RE: SHANHAI CHINESE RESTAURANT, INC

1999 PROFIT CORPORATION ANNUAL REPORT

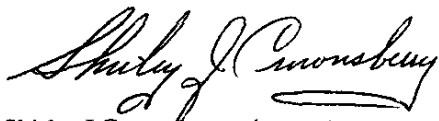
DOCUMENT #P94000069628

Please be advised that the first report form was never received and therefore was not paid on time. If you will check you will note that the address is incorrect. The correct zip code is 33541-2523. This could be the reason the first form was not received.

Please correct your records accordingly. Enclosed is a check for the \$150.00 filing fee. I feel sure that this will be acceptable/

Thank you for you co-operation in this matter.

Sincerely



Shirley J Crownsberry, Accountant