

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000069672 (1)

1. Corporation Name

CHEN'S FINE FOOD, INC.

Principal Place of Business

1251 N.W. 2ND TERRACE
CRYSTAL RIVER FL 34429

Mailing Address

1251 N.W. 2ND TERRACE
CRYSTAL RIVER FL 34429

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CHEN, GRACE
1251 N.W. 2ND TERRACE
CRYSTAL RIVER FL 34429

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the corporation or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors, 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)

OFFICERS AND DIRECTORS

NAME

CHEN, DAVID
1251 N.W. 2ND TERR.
CRYSTAL RIVER FL

☒ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

VD

☐ DELETE

NAME

CHEN, GRACE
1251 N.W. 2ND TERR.
CRYSTAL RIVER FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate to the best of my knowledge and belief, and 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0



3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

04/04/1995

4. FEI Number

59-3270750

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

10. Name and Address of New Registered Agent

1. Name

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

3.

4. City

FL

85

Zip Code

I, the named corporation submits this statement for the purpose of changing its registered office location. I hereby accept the appointment as registered agent. I am

(agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1

NAME

STREET ADDRESS

CITY-ST-ZIP

2

NAME

STREET ADDRESS

CITY-ST-ZIP

3

NAME

STREET ADDRESS

CITY-ST-ZIP

4

NAME

STREET ADDRESS

CITY-ST-ZIP

5

NAME

STREET ADDRESS

CITY-ST-ZIP

6

NAME

STREET ADDRESS

CITY-ST-ZIP

I do 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

4-20-96 904-295-3730

CR2E034 (12/95)