FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT OFFPORATION ANNUAL REPORT 1996



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

DOCUMENT	#
	**

P94000088429 (3)

1. Corporation GREAT	Name CHEF, INC.	120 (0)					
Principal Place	of Business	Mailing Address		4 HARITARI DIN IBNU RIDIN RAND AND	i ABIII ABIBI IAEAI IRIII BII	TEO ESOSO SOU USOU	
1401 SW 67 PLANTATION		1401 SW 67TH AVE PLANTATION FL 33317					
<u> </u>				3. Date Incorporated or Qualified 12/06/1994	3a. Date of Last F 04/25/19		
2. Principa! Pla 21 776		28. Mailing Address PET	ERS ROAL	4. FEI Number -10-6543023 65-6	0632658	Applied For Not Applicable	
Suite, Apt. i		Suite, Apt #, etc. 27		5. Cert-ficate of Status Desired	\$8.7	5 Additional Required	
City & State	NTATION . FL	City & State 28 PLANTATION	 1 F.L.	Election Campaign Financing Trust Fund Contribution		00 May Be	
Zp 337	Country 25 11. C A	²¹⁶ 33324 30	Country	8. This corporation has liability for Florida Statutes Yes	intangible tax under s		
	9. Name and Address of Current F	ا بــــــــــــــــــــــــــــــــــــ	¹ . T	10. Name and Address of New F	legistered Agent		1
			81 Name		THE TAXABLE PARTY TO THE PARTY SALES CONTINUES.		1
	K KUAN V 67TH AVE		82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
	TION FL 33317		83				1
	•		84 City		FL 85 Z	'ıp Code	1
11. Pursuant t	o the provisions of Sections 607.0502 an	nd 607.1508, Florida Statutes, th	e above named corpor	ation submits this statement for the pu	roose of changing its	registered office	1
familiar wit	ed agent, or both, in the State of Florida hy and accept the obligations of, Section	Such change was authorized by 607.0505, Florida Statutes.	y the corporation's boar	d of directors. I hereby accept the app	ointment as régistere	d agent. I am	
SIGNATURE _	Signature: typed or printed has electrospotered a portiand	the happinate thinte Fie	gratined Agent Signature required	distributions, factor	[MTs		
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTI	ORS IN 12	CR2E034 (12/95)
TITLE	PVST	☐ DELETE	1 1 TATLE		Change	ne-fibbA [12
NAME	NG, OCK KUAN		1 2 NAME				7
STREET ADDRESS	1401 SW 67TH AVE		1.3 STREET ACORESS				
C(TY+ST+Z(P	PLANTATION FL 33317		1.4 C-TY - ST - 7/P				12
TITLE	D	DELETE	2 1 Tr [*] LF		☐ Change	Addition	∣ਠੋ
NAME	NG, OCK KUAN		2.2 NAME			 -	
STREET ADDRESS	1401 SW 67TH AVE		2.3 STREET ACORESS				
CITY-ST-ZIP	PLANTATION FL 33317		2.4.0/TY - \$1 - Z/P				1
TITLE		[] DELETE	3 1 TILE		Change	Add tion	+
NAME			3.2 NAME			_	
STREET ADDRESS			3.3 STREET A :DRESS				1
CITY+SI-ZIP			3.4 CITY - \$11P				
TITLE	·	DECETE	4 1 little		Change	Addition	1
NAME			4.2 NAME			_	
STREET ADDRESS			4.3 STREET ACORESS				
CITY-ST-ZIP			4.4.Ci*Y+ST+./12				
TITLE		DELETE	5 1 THLE		Change	Add tion	4
NAME			5.2 NAME		C. Analigi.		
STREET ADDRESS							
			5.3 STREET AT ORESS				
CITY-ST-ZIP		DELETE	54 CHY-ST-, IP	יפורחחחופי		☐ Addition	4
TITLE		ביין מנננונ	6 1 Title	7000018: -06/10/96010	▃▘ ▃ ▘▘▃▘▙▔▘▘▓░░░ ▔▍▐▗▊▃▃▐▎▊▔	☐ Addition	
NAME			6.2 NAME	***200.00	313 003	>/	
STREET ADDRESS			6.3 STREET AT DRESS	₹₹₹८∪∪∎UU		11	
CITY-ST-ZIP	L		6.4 CITY - \$1"IP			ساد ا	1

14. I do hereby certify that the information supplied with this fining is voluntarily turnished 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 corposation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an antiachment with an address

SIGNATURE: X

OCK KUAN NG PRESIDENT

(954)723-0041

Day' no Proper