FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 23 PM 2: 51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DGCUMENT # P9500006156

1. Corporation Name

GREAT PANDA EXPRESS OF TAMPA INC.

Principal Plac	e of Business	Mailing /	Address									
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921 GOLF ISLAND DR 921 GOLF ISL					AND DD			חס אוסד	WRITE IN T	nie e	DACE	
	LLO BEACH, FL					JK		3. Date Incorporated or Qua		1113 3	FACE	 .
APOLLO BEACH, FL APOLLO BEAC 33572 33572					L		į	January 23, 1995				
	Place of Business		ng Address					4. FEI Number	11.,0		TIA	pplied For
1		26						59-3289543				lot Applicable
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.					E. Cartiforto of Status Desir	ed []		\$8.75	Additional
2		27						5. Certifcate of Status Desir	30 LJ		Fee R	lequired
City & Stat	te .	City	& State		•			6. Election Campaign Finan	cing 🗆		\$5.00	May Be
3		28			-			Trust Fund Contribution				to Fees
Zip	Country	Zip		Cour	ιτгу			8. This corporation owes the	current year	-	_	□
4	9. Name and Address of Curren	29 Pagistered	Agent	30				Personal Property Tax. 10. Name and Address of N	ow Posiete		Yes	□No
		r registered	- gent		81	Name		10. Name and Address of N	ew Register	eu A	aeir	
	LY_WU			L								
	GOLF ISLAND DRIV	Έ	82 Street Add				t Address	(P.O. Box Number is Not Ac	ceptable)			
APOLLO BEACH, FL 33572				}	83			•				
				-								 -
					84	City			F	FL	85 Zip	Code
	to the provisions of Sections 607.0502								r the purpose	e of ch		
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Sud ions of, Section	ch change was a on 607.0505, Flo	uthorized rida Statut	by t tes.	the corp	poration's	board of directors. I hereby a	iccept the ap	pointr	ment as re	egistered
SIGNATURE	Such		Sallu Wi			•			12/18	3/9	9	
	Signature, typed printed name of registered agen		ble. NOTE		Ageni	it signature	e required who	en reinstating)	DATE	- 		
12.	OFFICERS AN	D DIRECTOR		13.			1	ADDITIONS/CHANGES TO) OFFICERS			
TITLE	PRESIDENT/DIRECT	OR	☐ DELETE	1.1 1111						l	☐ Change	Addition
NAME	SALLY WU			1.2 NAN								
STREET ADDRESS	921 GOLF ISLAND					ADDRESS	S	2000	nan:	07	o ear	
CITY-ST-ZIP TITLE	APOLLO BEACH, FL	3357	2 √DELETE	1.4 CIT		r-zip			277879		 HAIZE	
NAME	DIRECTOR		X	2.1 TITL				*	****61.	. 25`	****	**61.25
STREET ADDRESS	SAM WU			2.2 NAM		* ADODECC						
CITY-ST-ZIP i	JEI GOLE ISLAND			2.3 S I N		ADDRESS	3			~ · · e_		~~ * · -
TITLE	APOLLO-BEACH, FL	3357	2 ☐ DELETE	3.1 TML		1-4:5	+ -		<u>-</u> - . .		☐ Change	☐ Addition
NAME			_	3.2 NAM							_ ,	_
 STREET ADDRESS				3.3 STR	REET	ADDRESS	s					
CITY-ST-ZIP			•	3.4 CIT			1					
TITLE			☐ DELETE	4.1 TITL							Change	Addition
NAME				4. 2 NA	ME							
STREET ADDRESS	1			4.3 STR	REET	ADDRESS	s					
i City-st- <i>z</i> ip				4.4 CIT	Y-ST	T-ZIP						
FITLE			☐ DELETE	5.1 TITE	E				-	(Change	Addition Addition
NAME	`	•		5.2 NAA	ΜE							
STREET ADDRESS				5.3 STR	REET	ADDRESS	5					
CITY-ST-ZIP				5 4 CIT		r-ZIP						
ITTLE			☐ DELETE	6.1 7171						٠ [Change	Addition
NAME				62 NAA		==	_		=		_	
STREET ADDRESS						ADDRESS	s		9	KE	i	•
CITY-ST-ZIP		L al.: 51:		6.4 CIT			nd in Carr	ion 110 07(2)(i) E(===== C: :				information
t⇔. Fnereby	certify that the information supplied wit	n ans llang co	es not quality to	uie exem	ipti(on state	sum Sect	aon Tra.o/(3)(i), Flonda Statu	tes, i lunner	Certify	, mar me	anomanon

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/99

(813)645-9148

Daytime Phone #