**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000011114

1. Corporation Name

PROSPERITY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90004 008 \*\*\*150.00



| 2601 SOUTH ATLANTIC AVE.<br>DAYTONA BEACH SHORES FL 32118 |  | 2601 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118 |                 |          |                  |  | <del>-</del>                   | •                                      |
|---|--|--|-----------------|----------|------------------|--|--------------------------------|--|
| DATIONA DEAG  | OF OTHER PERSONS   |  |                 |          |                  | DO NOT WRITE IN THIS SPACE   |                                |  |
|   |  |  |                 |          |                  | <ol> <li>Date Incorporated or Qualified</li> <li>02/09/1995</li> </ol>                               | • •                            |  |
| 2. Principal Place of Business 2a. Mailing Address        |  |  |                 | 88       |                  | 4. FEI Number  | Α [                            | pplied For                             |
| _ '   | uoe oi Buomose   | 26   | ,               |          |                  | 59-3293487   | N                              | lot Applicable                         |
| Suite, Apt.   | # oto  | Suite, Apt. #, etc.                                    |                 |          |                  |  | \$8.75                         | Additional                             |
| 22 Suite, Apr. 1  | F, 61C.  | 27   | <b>_</b>        |          |                  | 5. Certificate of Status Desired   |                                |  |
| City & State  | •  | City & State   | City & State    |          |                  | 6. Election Campaign Financing   |                                | May Be                                 |
| 23  |  | 28   |                 |          |                  | Trust Fund Contribution  | Added                          | to Fees                                |
| Zip   | Country  | Zip  | Zip Country     |          |                  | 8. This corporation owes the current year Intangible   |                                |  |
| 24  | 25   | 29   | 30              |          |                  | Personal Property Tax.   | Yes                            | □No                                    |
|   | 9. Name and Address of Current   | Registered Agent                                       |                 |          |                  | 10. Name and Address of New Registere  | d Agent                        |  |
|   |  |  |                 | 81       | Name             |  | •                              |  |
| CHO   | U, VICTORIA  |  |                 |          | - Ot 4 A -1      | (Honey (D.O. Bay Number in Not Accontable)   | <del></del>                    |  |
| 2601 S. ATLANTIC AVE.                                     |  |  |                 | 82       | Street Ad        | dress (P.O. Box Number is Not Acceptable)  |                                | Ì                                      |
| DAYTONA BEACH SHORE FL 32118                              |  |  |                 | 83       |                  |  |                                | 37 88                                  |
| ואט   | TOTAL BEACT OF OTHER TE GETTO  |  |                 | 1        |                  |  |                                |  |
| }   |  |  |                 | 84       | City             | <b>E</b>   | 85 Zir                         | Code                                   |
| }   |  |  |                 | _        |                  |  | <b>L</b>                       | ************************************** |
| 11. Pursuant  | to the provisions of Sections 607.0502   | 2 and 607.1508, Florida                                | Statutes, the   | above    | e-named co       | rporation submits this statement for the purpose ation's board of directors. I hereby accept the app | or cnanging i<br>ointment as i | registered<br>registered               |
| office or n   | egistered agent, or both, in the State of median miliar with, and accept the obligat | ions of, Section 607.050                               | 5, Florida St   | atutes.  |                  | mone board of discourse. Hereby 1111-1111  |                                |  |
| {   | Transment many arra decemps and a seg-   |  |                 |          |                  |  |                                |  |
| SIGNATURE   | Signature, typed or printed name of registered agent                                 | and title if applicable.                               | (NOTE: Register | ed Agen  | t signature requ | uired when reinstating) DATE   |                                |  |
| 12.   | OFFICERS ANI   |  | 13              | 3.       |                  | ADDITIONS/CHANGES TO OFFICERS A  |                                |  |
| TITLE   | P  | ☐ DELE   | TE 1.1          | TILE     |                  | . , :  | Change                         | e                                      |
| NAME  | CHOU, VICTORIA   |  | 1.2             | NAME     |                  |  |                                |  |
|   | 2601 S. ATLANTIC AVE.  |  | 13              | STREET   | ADDRESS          | •  |                                | •                                      |
| STREET ADDRESS  |  | 20440  |                 | CITY-S   |                  |  |                                |  |
| CITY-ST-ZIP   | DAYTONA BEACH SHORES FL  | 32130  |                 | TITLE .  | 1-217            |  | ☐ Change                       | e 🔲 Addition                           |
| TITLE .   | 8  |  |                 |          |                  |  |                                |  |
| NAME  | CHOU, LIN-SHU  |  |                 | NAME     |                  |  |                                | ì                                      |
| STREET ADDRESS  | 2601 S. ATLANTIC AVE.  |  | 2.3             | STREET   | ADDRESS          |  |                                |  |
| . CITY-ST-ZIP   | DAYTONA BEACH SHORES FL  | 32118  |                 | CITY-S   | T-ZIP            |  |                                | a Fill Addition                        |
| TITLE   |  | ☐ DELE   | TE 3.1          | TITLE    |                  |  | Chang                          | e 🔲 Addition                           |
| NAME :  |  |  | 3.2             | NAME     | 1                | •  |                                |  |
| STREET ADDRESS  |  |  | 3.3             | STREET   | T ADDRESS        |  |                                | the second                             |
| 1   |  |  | 34              | . CITY-S | ST-ZIP           |  | ·                              |  |
| CITY-ST-ZIP   | - <del></del>  | DELE   |                 | TITLE    |                  |  | Chang                          | e 🗌 Addition                           |
|   |  |  | - 1             | NAME     |                  |  |                                |  |
| NAME  |  |  |                 |          | T ADDRESS        |  |                                |  |
| STREET ADDRESS  |  | •  |                 |          |                  |  |                                |  |
| CITY-ST-ZIP   |  |  |                 | CITY-S   | I-ZIP            |  | Chang                          | e Addition                             |
| TITLE   |  | ☐ DELE   |                 | TITLE    |                  |  | □ cuind                        |  |
| NAME  |  |  |                 | NAME     |                  |  |                                | •                                      |
| STREET ADDRESS  | <u> </u>   |  | 5.3             | STREE    | TADORESS         |  |                                |  |
| CITY-ST-ZIP   |  |  |                 | CITY-S   | T-ZIP            | <u> </u>   |                                |  |
| TITLE   |  |  | TE 6.1          | TITLE    |                  | <del>-</del>   | ☐ Chang                        | e Addition                             |

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. CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS