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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022633 (8)

LITTLE CHINA RESTAURANT, INC.

Principal Place of Business	Mailing Address
75 VENICE BY PASS SOUTH	775 VENICE BY PASS SOUTH
/ENICE FL 34292	VENICE FL 34293-6148

FILED Mar 19 1997 8:00am Secretary of State



							3. Date incorporated or Qualified 3a. Date of Las 03/20/1995 04/09/1996				•	
2. Principal Place of Business		h m	28. Mailing Address			4. FEI Number	7.2			olied For		
21		26	- 2				65-0568037	-			Applicab	
Sulte, Apt. #, etc.		27					5. Certificate of Status Desired	sed \$8.75 Additional Fee Required				
City & Stat	e	28	City & State				Election Campaign Financing Trust Fund Contribution				May Be Fees	
Zíp 4	Country 25	29	Zip	30	Country		8. This corporation has liability for Florida Statutes		tax und] No	der s	199.032,	
	9. Name and Address of Cu	rrent Regis	tered Agent				10. Name and Address of New Re	gistered /	gent			
YIP.	SIT KWAN				81	Name						
775 VENICE BY PASS SOUTH VENICE FL 34292			82 Street Addi			Street A	Address (P.O. Box Number is Not Accepta	tress (P.O. Box Number is Not Acceptable)				
			83					· · · · · · · · · · · · · · · · · · ·				
					84	City		FL	85	Zip C	ode	
SIGNATURE	Signature typed or printed name of registere	-	rtapp Koble - {	NOTE Regis	ered Age		required when relinstance)	DATE	DIDEC			
12.	, ,	AND UIRE	DELETE				ADDITIONS/CHANGES TO OFFI	JERS AND	Cha		Addilio	
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NAME	YIP, SIT K 301 SEA GRAPE ROAD					ADODICE						
STREET ADDRESS	VENICE FL 34293					ADORESS						
CITY-ST-ZIP TITLE	D D		DELETE		1 CHY S	1 - 211			☐ Cha	nne	Additi	
NAME .	YIP, YOOK S				2 NAME	ĺ						
STREET ADDRESS	301 SEA GRAPE ROAD			- 1		ADDRESS						
City-St-ZIP	VENICE FL 34293				4 C(TY -)							
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NAME				3.	2 NAME							
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NAME				4	2 NAME							
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VAME				: 5.	2 NAME							
				5.3		ADDRESS						
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STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DECENE	6. 6:	TITLE NAME				☐ Cha	nge	Additi	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	6. 6.	TITLE NAME	ADDRESS		· · · · · · · · · · · · · · · · · · ·	☐ Cha	nge	Addition	

. I do 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 offect 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.