## FILE NOW: FILING FEE AFTER MAY 1 IS \$2 PROFIT FLORIDA DEPARTMEN CORPORATION: Sandra B. Morti ANNUAL REPORT Secretary of St DIVISION OF CORPORATIONS 1996 P95000065103 (0) DOCUMENT # Tampa egg roll king, inc. Principal Place of Business Maling Address 2510 N. 50TH ST. 2510 N 50TH ST TAMPA FL 33619-2742 TAMPA FL 33619-2742 3. Date Incorporated or Qualified 3a. Date of Last Report 08/21/1995 4. FET Number 2. Principal Place of Business 2a Mailing Address Applied For Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s 199.032 Country Zφ Country Zio Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name CHEN, YUNG YU Street Address (P.O. Box Number is Not Acceptable) 82 2510 N. 50TH ST. . 83 TAMPA FL 33619-2742 Zip Code City 85 84 508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office hange was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam 11. Pursuant to the provisions of Sections 607.0502 and 607 or registered agent, or both, in the State of Florida, Such familiar with, and accept the obligations of Section 607 UNG 4-24-96 Tresident ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS DELETE Change ☐ Addition 1.1701.6 TITLE NAME 1.2 NAME YUNG YU CHEN STREET ADDRESS 1.3 STREET ADDRESS 1.4 City - \$1 - ZiP CITY-ST-ZIP Change DELETE Addit on UP 2 1 TITLE TITLE CHARLIE CHEN 2.2 NAME NAME 163 BAYSIDG PR STREET ADDRESS 2.3 STREET ADDRESS CLEPRUPICK, IL 34630 CITY-ST-ZIP 2.4 CHTY - ST - ZIP DELETE Change Addition 3 1 II 1 E THLE 3.2 NAME NAME ZHI L I u3.3 STREET ADDRESS STREET ADDRESS 3 4 City - ST - ZIP CITY - ST - ZIP DELETE Change Addition 4 1 1/1/16 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP CITY-ST-ZIP \_\_\_ Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAMI NAME STREET ADDRESS 5.3 STREET ACORESS CITY - ST-ZIP 5 4 CITY - ST - ZIP DELETE Addition 6 1 TIT; F TITLE -06/24/96--0102 6.2 NAME NAME \*\*\*225.00 6.3 STREET ADDRESS STREET ADDRESS 12

6.4 CITY - ST - ZIP

Yu dEN 4-28 BG 813-248-3421

14. I do hereby certify that the information supplied with this filing is voluntarily Armished 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 airriual report or supplemental airriual 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 mustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address

(12/95)

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