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 # P95000078553 (1)

CHOW'S ENTERPRISE, INC.

Principal Place of Business

Mailing Address

9280 N. HWY. 17/92, SUITE 100 LONGWOOD FL 32750 3260 N. HWY. 17/92. SUITE 100 LONGWOOD FL 32750-3735

FILED May 01 1997 8:00am Secretary of State



LONGWOOD FL 32750		LONGWOOD FL 32750-3735					
					3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last	•
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	`	Applied For
21		26		59-3336476 Not Appli		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat 23	e	City & State			6. Election Campaign Financing Trust Fund Contribution		0 May Be od to Fees
Zip	Country	Zip	Coun	try	This corporation has liability for it	ntangible tax unde Yes	r s. 199.032,
24	9. Name and Address of Curre	nt Registered Agent	30		Florida Statutes 10. Name and Address of New Rec		
328	OW, JEANIE Y 10 N. HWY. 17/92, SUITE 100 NGWOOD FL 32750	in negistore Agent	6	Name Street Add	dress (P.O. Box Number is Not Acceptab		
•				34 City		105 7	in Code
	•		ľ	City		FL 85 Zi	ip Code
11. Pursuant office or a agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familias with, and accept the oblig	02 and 607,1508, Florida Statut e of Florida Such change was pations of, Section 607,0505, Fl	es, the abo authorized orida Statu	ove-named co by the corpor- tes.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing t the appointment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered ag	rent and title if anoticable (NOT	E : Registered /	Vaent signature reg	uired when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	D	☐ DELFTE	1.1 1111	E		☐ Chang	e Addition
NAME	CHOW, JEANIE Y		1,2 NAM	E			
STREET ADDRESS	8397 RAMBLING RIVER DR.		1.3 STR	ET ADDRESS			
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY	-\$1-ZIP			
TITLE	D	DELETE	2.1 1111	E]		Chang	e 🔲 Addition
NAME	OHOW, PENGUIN C		2.2 NAM	ıf			
STREET ADDRESS	8397 RAMBLING RIVER DR.		2.8 SIR	ET ADDRESS			
CITY-ST-ZIP	SANFORD FL 32771			Y-ST-ZIP			
TITLE		☐ DELETE	3.4 TITL	ŧ		☐ Chang	e L Addition
NAME			3.2 NAM	Æ			
STREET ADDRESS			3.5 STR	EET ADDRESS			
CITY-ST-ZIP	<u> </u>	T process		Y-S1-7IP			
TITLE		☐ DELETE	4.1 TITL	1		Chang	e L. Addition
NAME			4. 2 NA	-			
STREET ADDRESS				ET ADDRESS		1	
CITY-ST-ZIP		☐ DELETE		-\$1-ZIP		1 1/1 A	d / Addition
TITLE		☐ DETER	5.1 TITL	1		// Chang	Addition
NAME			5.2 NAM			1451	
STREET ADDRESS				EFT ADDRESS		41101	114-4
CITY-ST-ZIP		Directo		· S1· ZIP			/ / / / / / / / / / / / / / / / / / /
TITLE		DELETE	6.4 1111	,	50000216	1 Onang	é 🔲 Addition
NAME			6.2 NAM	Į.	50000216 -05/05/970100	12022	
STREET ADDRESS			1	EFT ADDRESS	***165.00	- para "paf" Space Socie	
CITY-ST-7IP	1		6.4 CITY	'- S1- 7IP	***************************************		

14. 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 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.

1. 1/2 97 (407)321.68