Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90069 025 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999 Salesting



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079499

TOPS CHINA, INCORPOR	RATED				
Principal Place of Business	Mailing Address	Mailing Address		i idaliası isa ianat bilit abili aetit katıt esisi i	9918 (81)) Mibin Inica (81) (86)
907 N. WOODLAND BLVD. DELAND FL 32720	907 N. WOODLAND BLVD. DELAND FL 32720			DO NOT WRITE IN THIS SPACE	
	_			3. Date Incorporated or Qualifed 10/13/1995	
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21	26			59-3342786	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	— · · · ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Coun 24 25	itry Zip Co	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CHENG. SUM TSANG		81	Name		
907 N. WOODLAND BLVD.		82	Street Address (P.O. Box Number is Not Acceptable)		
DELAND FL 32720		83			
ye am		84] '''	F <u>L</u>	
office or registered agent, or bo	ections 607,0502 and 607,1508, Florida Statutes, the	ed by	the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	changing its registered ntment as registered

SIGNATURE CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition Change £ ; 6 ; 3 ; 3 £ 1.1 TITLE TITLE SUM TSANG, CHENG 1.2 NAME NAME 907 N WOODLAND BLVD STREET ADDRESS 1.3 STREET ADDRESS **DELAND FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☑ DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE 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 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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: