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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000080261

1. Corporation Name

D & K CHUNG, INC.

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90010 048 \*\*\*150.00

|   | ,  |            |   |               |       |                     |   |
|---|--|------------|---|---------------|-------|---------------------|---|
| Principal Place of Business Mailing Address   |  |            |   |               |       |                     | - I (MOTINOU) ((\$ 1818) Bill; BOIL; BOIL) EDIS DÉLÉS TOUS EDIS (1810 DIS) HOL LEUS |
| 10105 WEST OAKLAND PARK BLVD.<br>SUNRISE FL 33351   |  |            | 10105 WEST OAKLAND PARK BLVD.<br>SUNRISE FL 33351 |               |       |                     | DO NOT WRITE IN THIS SPACE  |
|   | ,  |            |   |               |       |                     | 3. Date Incorporated or Qualifed 10/17/1995   |
| Principal Place of Business     2a. Mailing Address   |  |            |   |               |       |                     | 4, FEI Number Applied For   |
| 21 26   |  |            |   |               |       |                     | 65-0623553 Not Applicable   |
| Suite, Apt. #, etc.   |  |            | Suite, Apt. #, etc.                               |               |       |                     | 5. Certifcate of Status Desired   \$8.75 Additional Fee Required                    |
| City & State  |  |            | City & State                                      |               |       |                     | - 6- Election Campaign Financing \$5.00 May Be                                      |
| 23  |  |            | 8   |               |       |                     | Trust Fund Contribution Added to Fees   |
| Zip   | p Country Zip C  |            |   | Countr        | y     |                     | 8. This corporation owes the current year Intangible                                |
| 24  | 25   | 29         |   | 10            |       |                     | Personal Property Tax.  |
|   | 9. Name and Address of Current   | t Register | ed Agent  |               | _     |                     | 10. Name and Address of New Registered Agent  |
| 001   | 00500 04407444   |            |   | 81            | 1     | Name                | •   |
| GOLDBERG, RANDY M   |  |            |   |               | 2     | Street Addre        | ess (P.O. Box Number is Not Acceptable)   |
| 1776 PINE ISLAND RD.  |  |            |   |               | l     |                     |   |
| SUITE 118   |  |            |   | 83            | 3     |                     | _   |
| PLANTATION FL 33322   |  |            |   | 84            | 4     | City                | 85 Zip Code   |
|   |  |            |   |               |       | •                   | ┣┖┆│  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE |  |            |   |               |       |                     |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist   |  |            |   |               | ent s | signature required  |   |
| 12. OFFICERS AND DIRECTORS  |  |            |   | 13.           |       |                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                   |
| TITLE (   | P □ DELETE   |            | 1.1 TITLE   |               |       | ☐ Change ☐ Addition |   |
| NAME  | CHUNG, DENNIS  |            | 1.2 N   |               |       |                     |   |
| STREET ADDRESS 10105 WEST OAKLAND PARK BL   |  |            |   | 1.3 STREET AL |       | DORESS              |   |
| CITY-ST-ZIP   | SUNRISE FL 33351   |            |   | 1.4 CITY-     | ST-2  | ZIP                 |   |
| TITLE   | \$   |            | ☐ DELETE  | 2.1 TITLE     |       |                     | ☐ Change ☐ Addition   |
| NAME  | CHUNG, KATIE   |            |   | 2.2 NAME      |       |                     |   |
| STREET ADDRESS  |  |            |   | 2.3 STREE     | ET A  | DORESS              |   |
| CITY-ST-ZIP   | SUNRISE FL 33351   |            |   | 2. 4 CfTY-    |       | ZIP                 |   |
| TITLE   | The second secon | ,          | DELETE  | 3.1 TITLE     |       |                     | Change DAddition  |
| NAME  |  |            |   | 3.2 NAME      | į     | }                   |   |
| STREET ADDRESS  |  |            |   | 3.3 STREE     | ETA   | DORESS              |   |
| CITY-ST-ZIP   |  |            |   | 3.4. CITY-    |       | ZIP                 |   |
| TITLE   |  |            | ☐ DELETE  | 4.1 TITLE     |       |                     | ☐ Change ☐ Addition   |
| NAME:   | •  |            |   | 4. 2 NAME     | E     |                     |   |
| STREET ADDRESS  |  |            |   | 4.3 STREI     | ETA   | DDRESS              |   |
| C/TY-ST-ZIP   |  |            |   | 4.4 CITY-     | _     | ZIP                 |   |
| TITLE   |  |            | ☐ DELETE  | 5.1 TITLE     |       |                     | ☐ Change ☐ Addition   |
| NAME .  |  |            |   | 5.2 NAME      |       | ļ                   |   |
| STREET ADDRESS  |  |            |   | 5.3 STRE      | ET A  | ODRESS              |   |

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 suppliemental 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 of 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: X

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

REQUIRED OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition