


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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000010419 1. Corporation Name CHINA PALACE, INC.			
Principal Place of Business 220 N. CONGRESS AVE. BOYNTON BEACH, FL 33426		Mailing Address 220 N. CONGRESS AVE. BOYNTON BEACH, FL 33426	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30.	
3. Date Incorporated or Qualified 02/01/96		3a. Date of Last Report 02/01/96	
4. FEI Number 65-0660535		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LAI PING LEUNG 99353 PINEAPPLE TREE DR. #202 BOYNTON BEACH, FL 33436		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE LEUNG, LAI PING (President) <input type="checkbox"/> DELETE NAME 99353 PINEAPPLE TREE DR. #202 STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP (President and Directors)		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE CHAN, SHIU KWONG <input type="checkbox"/> DELETE NAME 99353 PINEAPPLE TREE DR. #202 STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP (Vice President)		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE Secretary of Officers <input type="checkbox"/> DELETE NAME CHAN, SHIU KWONG STREET ADDRESS 99353 Pineapple Tree Dr. #202 CITY-ST-ZIP Boynton Bch, FL 33436		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE Treasurer <input type="checkbox"/> DELETE NAME Leung Lai-Ping STREET ADDRESS 99353 Pineapple Tree Dr. #202 CITY-ST-ZIP Boynton Bch, FL 33436		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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.			
SIGNATURE: X 220 N. Congress Ave. A/K/A LAI PING LEUNG PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		100002183871 -05/19/97--01168--023 ***165.00 4/15/97 (361) 736-8551	