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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000037252 (9)

P & ANNIE, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	;					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3297 S BERMUDA AVE		3297 S BERMUDA AVE						
KISSIMMEE FL 34741		KISSIMMEE FL 34741				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	3 SPACE	
						·		1
9 Principal P	lace of Business	2a. Mailing Addr	2005			04/30/1996 4. FEI Number		
	idue of Edsirioss	 1	622					pplied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				59-3375286		ot Applicable
22						5. Certificate of Status Desired		Additional
City & State		City & State					 :	equired
 *						6. Election Campaign Financing		May Be
Zip	Country	28	Z _{(P} Country			Trust Fund Contribution		to Fees
24	— ·		·	Country		8. This corporation owes or has paid the c		
24	25 9, Name and Address of Cu	29	30	 1		Personal Property Tax due June 30. 10. Name and Address of New Registered		No
		unent negistered Agent		81	Name	10. Hattle Blid Addiess of New Hegisters	2 Agent	
	RK, YONG C			•	IVAITIC			
	97 \$ BERMUDA AVE		82 Street Add			dress (P.O. Box Number is Not Acceptable)		
KIS	SIMMEE FL 34741							
				83				f
				84	City		85 Zip	Code
					-	F		
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Floridae	da Statutes, th	e above	e-named cor	rporation submits this statement for the purpose	of changing i	ts registered
agent. I a	m fam iliar with, and accept the c	obligations of, Section 607.	.05 0 5, Florida	Statutes	ine corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap-	Apointment as	registered
SIGNATURE								
Signature, typed or printed name of registored agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PTSD	O DI		1.1 TITLE	•		L. Change	☐ Addition
NAME	PARK, YONG C			1.2 NAME	ľ			1
STREET ADDRESS	3297 S BERMUDA AVE		1.3 STREET ADDRESS		ADDRESS			1
CITY-ST-ZIP	KISSIMMEE FL 34741			1.4 CITY - S	T-ZIP			
TITLE	\$	☐ DE	LETE	2.1 TITLE	1	•	L. Change	Addition
NAME	LEE, YUN			2.2 NAME		•		ł
STREET ADDRESS	3297 S BERMUDA AVE	235		2.3 STREET	ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			2. 4 CITY - S	iT - ZiP			
TITLE			LETE :	3.1 TITLE			☐ Change	Addition
NAME			[;	3.2 NAME				
STREET ADDRESS] :	3.3 STREET	ADDRESS			
CITY-ST-ZIP			;	3.4. CITY - S	7-21P			
TITLE		☐ DE	LETE	41 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS] .	4.3 STREET .	address			
CITY-ST-ZIP				4.4 CITY - S1	r-zip			
TITLE		☐ DE		5.1 TITLE			Change	Addition
NAME				5.2 NAME			•	
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S1				
TITLE		□ D€		5.4 CRIT-SI 5.1 TRTLE	. 411	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME				5.2 NAME			and Strange	, .30mmi
					ADDRESS			
STREET ADDRESS				5.3 STREET	1			
C(TY-ST-ZIP	<u>.</u>			5.4 CITY - S1	I-ZIP			

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.

U #/2E/98