

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

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

DOCUMENT # P96000037735 (3)  
1. Corporation Name  
HAPPINESS CHINESE RESTAURANT I INC.

Principal Place of Business  
1233-31 LANE AVE S  
JACKSONVILLE FL 32205

Mailing Address  
1233-31 LANE AVE S  
JACKSONVILLE FL 32205

2. Principal Place of Business  
21 Suite, Apt. #, etc. HAPPINESS CHINESE RESTAURANT #1  
22 1233 S. LANE AVE.  
23 JACKSONVILLE, FLORIDA 32205  
24 Zip 25 Country 26 Zip 27 Country 28

3. Date Incorporated or Qualified  
04/26/1996

3a. Date of Last Report

4. FEI Number  
59-3376098

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
CHIM, YUK C  
1233-31 LANE AVE S  
JACKSONVILLE FL 32205

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 *[Signature]* 3/17/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/T	<input type="checkbox"/> DELETE
NAME	YUK C CHIM	
STREET ADDRESS	3835 Starleaf Road	
CITY-ST-ZIP	Jax FL 32210	
TITLE	V/P	<input type="checkbox"/> DELETE
NAME	KUN W Leung	
STREET ADDRESS	5930 Lenox Ave Apt. 155	
CITY-ST-ZIP	Jax FL 32205	
TITLE	Tommy Jim V/P	<input type="checkbox"/> DELETE
NAME	5930 Lenox Ave Apt 151	
STREET ADDRESS	Jax FL 32205	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YUK C CHIM	
1.3 STREET ADDRESS	3835 Starleaf Rd.	
1.4 CITY-ST-ZIP	Jax FL 32210	
2.1 TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KUN W Leung	
2.3 STREET ADDRESS	5930 Lenox Ave Apt 155	
2.4 CITY-ST-ZIP	Jax FL 32205	
3.1 TITLE	Tommy Jim V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5930 Lenox Ave Apt 151	
3.3 STREET ADDRESS	Jax FL 32205	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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 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.

SIGNATURE *[Signature]* 4/15/97 224781 6793

CR2E034 (9/96)