

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90042 037 \*\*\*150.00

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MOORE CR2E034 (11/03)

|  |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
|--|-----------------------|--------------------------|---|--|--|-------|------|--------|------|-----------|--------------------------|----------------|--------------------|--|-------------|-----------------------|--|-------|----|--------------------------|------|------------|--------------------------|----------------|-------------------|--|-------------|-----------------------|--|-------|--|--------------------------|------|--|--------------------------|----------------|--|--|-------------|--|--|-------|--|--------------------------|------|--|--------------------------|----------------|--|--|-------------|--|--|-------|--|--------------------------|------|--|--------------------------|----------------|--|--|-------------|--|--|-------|------|--------|----------|------|--|--------------------------|--------------------------|----------------|--|--|--|-------------|--|--|--|-------|--|--------------------------|--------------------------|------|--|--------------------------|--------------------------|----------------|--|--|--|-------------|--|--|--|-------|--|--------------------------|--------------------------|------|--|--------------------------|--------------------------|----------------|--|--|--|-------------|--|--|--|-------|--|--------------------------|--------------------------|------|--|--------------------------|--------------------------|----------------|--|--|--|-------------|--|--|--|---|--|
| <b>DOCUMENT # P96000037735</b><br>1. Entity Name<br><b>HAPPINESS CHINESE RESTAURANT I INC.</b>   |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| Principal Place of Business<br>1233-31 SO LANE AVE<br>JACKSONVILLE FL 32205  |                       |                          | Mailing Address<br>1233-31 SO LANE AVE<br>JACKSONVILLE FL 32205 |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| 2. Principal Place of Business   |                       | 3. Mailing Address       |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.      |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| City & State   |                       | City & State             |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| Zip  | Country               | Zip                      | Country   | 4. FEI Number <b>59-3376098</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For<br/>Not Applicable         </div>   |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                       |                          |   | 6. Name and Address of Current Registered Agent<br><br><b>CHIM, YUK C</b><br><b>1233-31 LANE AVE S</b><br><b>JACKSONVILLE FL 32205</b>   |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____   |                       |                          |   | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE _____ DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                       |                          |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b><br/> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>CHIM, YUK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3835 STARLEAF ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32210</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>JIM, TOMMY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6114 DELMAN PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32205</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b><br/> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div> |                       |                          |   |  |  | TITLE | NAME | Delete | NAME | CHIM, YUK | <input type="checkbox"/> | STREET ADDRESS | 3835 STARLEAF ROAD |  | CITY-ST-ZIP | JACKSONVILLE FL 32210 |  | TITLE | VP | <input type="checkbox"/> | NAME | JIM, TOMMY | <input type="checkbox"/> | STREET ADDRESS | 6114 DELMAN PLACE |  | CITY-ST-ZIP | JACKSONVILLE FL 32205 |  | TITLE |  | <input type="checkbox"/> | NAME |  | <input type="checkbox"/> | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> | NAME |  | <input type="checkbox"/> | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> | NAME |  | <input type="checkbox"/> | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | Change | Addition | NAME |  | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS |  |  |  | CITY-ST-ZIP |  |  |  | TITLE |  | <input type="checkbox"/> | <input type="checkbox"/> | NAME |  | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS |  |  |  | CITY-ST-ZIP |  |  |  | TITLE |  | <input type="checkbox"/> | <input type="checkbox"/> | NAME |  | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS |  |  |  | CITY-ST-ZIP |  |  |  | TITLE |  | <input type="checkbox"/> | <input type="checkbox"/> | NAME |  | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS |  |  |  | CITY-ST-ZIP |  |  |  | 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |
| TITLE  | NAME                  | Delete                   |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| NAME   | CHIM, YUK             | <input type="checkbox"/> |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| STREET ADDRESS   | 3835 STARLEAF ROAD    |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| CITY-ST-ZIP  | JACKSONVILLE FL 32210 |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| TITLE  | VP                    | <input type="checkbox"/> |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| NAME   | JIM, TOMMY            | <input type="checkbox"/> |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| STREET ADDRESS   | 6114 DELMAN PLACE     |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| CITY-ST-ZIP  | JACKSONVILLE FL 32205 |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| TITLE  |                       | <input type="checkbox"/> |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| NAME   |                       | <input type="checkbox"/> |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| STREET ADDRESS   |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| CITY-ST-ZIP  |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| TITLE  |                       | <input type="checkbox"/> |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| NAME   |                       | <input type="checkbox"/> |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| STREET ADDRESS   |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| CITY-ST-ZIP  |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| TITLE  |                       | <input type="checkbox"/> |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| NAME   |                       | <input type="checkbox"/> |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| STREET ADDRESS   |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| CITY-ST-ZIP  |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| TITLE  | NAME                  | Change                   | Addition  |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| NAME   |                       | <input type="checkbox"/> | <input type="checkbox"/>  |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| STREET ADDRESS   |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| CITY-ST-ZIP  |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| TITLE  |                       | <input type="checkbox"/> | <input type="checkbox"/>  |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| NAME   |                       | <input type="checkbox"/> | <input type="checkbox"/>  |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| STREET ADDRESS   |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| CITY-ST-ZIP  |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| TITLE  |                       | <input type="checkbox"/> | <input type="checkbox"/>  |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| NAME   |                       | <input type="checkbox"/> | <input type="checkbox"/>  |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| STREET ADDRESS   |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| CITY-ST-ZIP  |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| TITLE  |                       | <input type="checkbox"/> | <input type="checkbox"/>  |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| NAME   |                       | <input type="checkbox"/> | <input type="checkbox"/>  |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| STREET ADDRESS   |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| CITY-ST-ZIP  |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |
| <b>SIGNATURE:</b> <u>Yuk C Chim</u> <u>Yuk C Chim</u> <u>3/4/04</u> <u>904 7816793</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                       |                          |   |  |  |       |      |        |      |           |                          |                |                    |  |             |                       |  |       |    |                          |      |            |                          |                |                   |  |             |                       |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |  |                          |      |  |                          |                |  |  |             |  |  |       |      |        |          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |       |  |                          |                          |      |  |                          |                          |                |  |  |  |             |  |  |  |   |  |