

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

FILED

Jan 15 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 # P96000051976 (4)

1. Corporation Name
CHINA MAX MANAGEMENT, INC.



Principal Place of Business

1473 LACONIA DRIVE
CLEARWATER FL 34624

Mailing Address

1473 LACONIA DRIVE
CLEARWATER FL 34624

3. Date Incorporated or Qualified

06/17/1996

3a. Date of Last Report

4. FEI Number

59-3386118

Applied For

Not Applicable

2. Principal Place of Business

21 1473 LACONIA DRIVE

2a. Mailing Address

26 1473 LACONIA DRIVE

Suite, Apt. #, etc.

22 Clearwater, FL

Suite, Apt. #, etc.

27 Clearwater, FL

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip

24 34624

Country

25 U.S.A.

Zip

29 34624

Country

30 U.S.A.

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

GEE, TSUNG M
1473 LACONIA DRIVE
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

TSUNG MING GEE

82 Street Address (P.O. Box Number is Not Acceptable)

83 1473 LACONIA DRIVE

84 City

Clearwater

FL

85 Zip Code

34624

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]

Signature of registered agent or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-1997

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHIU, WINSTON	
STREET ADDRESS	1473 LACONIA DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GEE, TSUNG M	
STREET ADDRESS	1473 LACONIA DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEE, TSUNG MING	
1.3 STREET ADDRESS	1473 LACONIA DRIVE	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34624	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEE, TSUNG M	
2.3 STREET ADDRESS	1473 LACONIA DRIVE	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34624	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GEE, TSUNG MING	
3.3 STREET ADDRESS	1473 LACONIA DRIVE	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34624	
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-1997

Date

813 5231330

Daytime Phone #

CR2E034 (9/96)