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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059216 (7)

GREAT WALL CHINESE RESTAURANT IN PSL, INC.

Principal Place of Business Mailing Address 327 SE PORT ST. LUCIE BLVD. 327 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984 3. Date Incorporated or Qualified Date of Last Report 07/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & Strite City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEE. HIU Name 327 SE PORT ST. LUCIE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34984 83 84 City Zip Code 85 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 farm ar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typied or printed name of registered agent and title if april cable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)THILE DELETE 1.1 THTLE Change Addition LEE, HIU NAME 12 NAME 1423 SE GRAPELAND AVE. STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 34952 City - St - ZiP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition LEE, TO-CHUN NAME 2.2 NAME 1423 SE GRAPELAND AVE. STREET ADDRESS 2.3 STREET ADDRESS PORT ST. LUCIE FL 34952 CHY-ST-ZiP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ___ Addition NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C-TY - ST- ZIF 3.4. CITY-ST-ZIP DELETE THE Change Addition 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS C(17 - \$1 - 7)P 4.4 CITY-ST-7IP DELETE THE Addition 5.1 Title ☐ Change 5.2 NAME STREET ADDRESS 5.3 STREFT ADDRESS CHTY - ST - ZIP 54 CITY-ST-ZIP TILE DELETE Addition 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY ST-ZIP 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.