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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000091248 (0)

CHINA HUT, INC.

Zip

Principal Place of Business	Mailing Address				
701 COUNTRYSHIRE LANE PALM HARBOR FL 34683	701 COUNTRYSHIRE LANE PALM HARBOR FL 34683-6329				
		3. Date Incorporated or Qualified 3a. 11/01/1996	Date of Last Report		
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3411267	Applied Not App		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additi Fee Require		
City & State	City & State	Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe		

Zip

29

9. Name and Address of Current Registered Agent -MIZIO, ARMANDO F 25400 US 19 N, SUITE 210 - CLEARWATER FL 34623

25

Country

	83			
	84	City	85	Zip Code
e al	2000	-named corporation submits this statement for the purpose of	chan	ging its registered

10. Name and Address of New Registered Agent

Florida Statutes

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

8. This corporation has liability for inlangible tax under s. 199.032,

Yes X No

FILED

Jun 12 1997 8:00am

Secretary of State

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th

Country

81

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office or re agent. I a	egistered agent, or both, in the State of Florida. Such change w m familiar with, and accept the obligations of, Section 607.0505	vas authorized by the corpora 5, Florida Statutes.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE		W077 B	
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Registered Agent signature requirements) 13.	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PISD DELETE		☐ Change ☐ Addition
NAME .	YUEN, LONG K	1.2 NAME	
STREET ADDRESS	701 COUNTRYSHIRE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	DELETE		Change Addition
NAME	_ occin	2.2 NAME	C. Change C. Addition
STREET ADORESS	·	2 3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	2.4 CITY-ST-7IP	☐ Change ☐ Addition
TITLE) DELETE		Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY - ST - ZIP	
TITLE	☐ DELETÉ	51 THTLF	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST•ZIP		5 4 CITY - ST - ZIP	
TITLE	☐ DELETE	61 TITLE	Change Addition
NAME		62 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

64 CITY-ST-ZIP

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees