

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90003 011 ***150.00

DOCUMENT # P96000095957

1. Corporation Name

KINGSLEY LUGGAGE & GIFTS, INC.

Principal Place of Business

Mailing Address

753 KIRKMAN ROAD
ORLANDO, FL 32811

753 KIRKMAN ROAD
ORLANDO, FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-25-96

4. FEI Number

59-3414892

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 1226 E. COLONIAL DRIVE

26 1226 E. COLONIAL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B.

27 SUITE B

City & State

City & State

23 ORLANDO, FL 32803

28 ORLANDO, FL 32803

Zip Country

Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAN ZHANG
753 KIRKMAN ROAD
ORLANDO, FL 32811

81 Name

HAN ZHANG

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

83 1226 E. COLONIAL DRIVE, SUITE B.

84 City

ORLANDO

FL

85 Zip Code
32803

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------|--|
| TITLE | P. D. | <input checked="" type="checkbox"/> DELETE |
| NAME | KE MIN, LIU | |
| STREET ADDRESS | 753 KIRKMAN ROAD | |
| CITY-ST-ZIP | ORLANDO, FL 32811 | |
| TITLE | VP. D. | <input checked="" type="checkbox"/> DELETE |
| NAME | HAN, ZHANG | |
| STREET ADDRESS | 753 KIRKMAN ROAD | |
| CITY-ST-ZIP | ORLANDO, FL 32811 | |
| TITLE | D. | <input checked="" type="checkbox"/> DELETE |
| NAME | LEE, ANDY | |
| STREET ADDRESS | 753 KIRKMAN ROAD | |
| CITY-ST-ZIP | ORLANDO, FL 32811 | |
| TITLE | D. | <input checked="" type="checkbox"/> DELETE |
| NAME | WEI, CHEN | |
| STREET ADDRESS | 753 KIRKMAN ROAD | |
| CITY-ST-ZIP | ORLANDO, FL 32811 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | P. S. D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ZHANG, HAN | |
| 1.3 STREET ADDRESS | 1226 E. COLONIAL DRIVE, SUITE B | |
| 1.4 CITY-ST-ZIP | ORLANDO, FL 32803 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAN ZHANG, PRESIDENT

Date

4-30-99

Daytime Phone #

407-898-7144

CR2E034 (11/98)