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

DOCUMENT # P96000096044

1. Corporation Name

22

23

24

Zip

City & State

CHINA TOKYO ORIENTAL RESTAURANT & LOUNGE, INC.

Principal Place of Business	Mailing Address			
2360 PINE RIDGE RD NAPLES FL 34109	2360 PINE RIDGE RD NAPLES FL 34109			
2. Principal Place of Business	2a. Mailing Address			
21				

27

28

City & State

Zip

29 25 9. Name and Address of Current Registered Agent

Country

HSU. RONG YEN 2360 PINE RIDGE RD NAPI ES EL 34109

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90032 026 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

11/18/1996 4. FEI Number

65-0712360

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

11711 54	10 1 E 04100	03					
		84	City	FL	85	Zip Co	de
office or rec	the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the pistered agent, or both, in the State of Florida. Such change was authorize familiar with, and accept the obligations of, Section 607.0505, Florida Ste	ea by	tne corp	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	hangii ment	ng its re as regis	gistered itered
SIGNATURE _	Ignature, typed or printed name of registered agent and title if applicable. (NOTE: Register	d Ager	t signature t	required when reinstating) DATE			<u>}</u>
12.	OFFICERS AND DIRECTORS 13		it agriaturo i	ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12
		TTLE			Ch	ange	Addition
I .	• • • • • • • • • • • • • • • • • • • •	NAME					į
I		STREE	ADDRESS				}
		CITY-S	r-71P				
		TITLE			Ch	ange	Addition
ı	Mat	NAME					\
		STREE	ADDRESS				
		CITY-S	T-ZIP				
TITLE		пп			Ch	ange	☐ Addition
NAME	3.2	NAME					
STREET ADDRESS	3.3	STREE	ADDRESS				
CITY-ST-ZIP	3.4.	CITY-S	T-ZIP				
TITLE	DELETE 4.1	mre_			Cp	ange	Addition
NAME	4.2	NAME					
STREET ADDRESS	4.3	STREE	TADORESS				,
CITY-ST-ZIP	4.4	CITY-S	T-ZIP				
TITLE	☐ DELETE 5.1	TITLE			Ch	ange	☐ Addition
NAME	5.2	NAMĘ		·			
STREET ADDRESS	5.3	STREE	TADDRESS				
CITY-ST-ZIP	5.4	CITY-S	T-ZIP				_
TITLE	☐ DELETE 6.1	TITLE			☐ Ch	ange	☐ Addition
NAME	6.2	NAME					
STREET ADDRESS	6.3	STREE	TADDRESS				
CITY-ST-ZIP		CITY-S					
14. I hereby ce	rtify that the information supplied with this filing does not qualify for the ex n this annual report or supplemental annual report is true and accurate an	empt	ion state t mv siar	d in Section 119.07(3)(i), Florida Statutes. I further certinature shall have the same legal effect as if made unde	fy that r oath:	t the info that I a	ormation im an

Country

30

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.