

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 997000011412
1. Corporation Name Jan-Bo Oriental Chinese Restaurant Inc.

Principal Place of Business 25 Homestead Rd. #1
Lehigh Acres, FL 33936
Mailing Address Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 2/7/97

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <u>65-0727937</u>	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	
25. Country	29. Country	30. Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name Robert L. Bowers
82. Street Address (P.O. Box Number is Not Acceptable) 205 Joel Blvd
83. Suite #110
84. City Lehigh Acres FL 85. Zip Code 33972

I, 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's signature required when re-nataling)

DATE

OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP
	<u>NYET YONG WONG</u>	<u>25 Homestead Rd. #1</u>	<u>Lehigh, FL 33936</u>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-ST-ZIP

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-05/15/98--01031--026
***150.00

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 of the corporation.