


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

FILED
Mar 16 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 # P97000016351 (3)
 1. Corporation Name
CHINA BEE RESTAURANT, INC.



Principal Place of Business 18861 PINE RUN LANE FT MYERS FL 33912	Mailing Address 18861 PINE RUN LANE FT MYERS FL 33912
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1997	
21 18201 HORSESHOE BAY CIR	22 Suite, Apt. #, etc.	26 18201 HORSESHOE BAY CIR	27 Suite, Apt. #, etc.	4. FEI Number 65-0766251	Applied For Not Applicable
23 Ft MYERS FL	24 33912	28 Ft MYERS FL	29 33912	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LEE, CHUN 18861 PINE RUN LANE FT MYERS FL 33912				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 18201 HORSESHOE BAY CIR	
				83	
				84 City Ft MYERS FL 85 Zip Code 33912	
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 <i>Chun Lee</i> (CHUN LEE) - President				DATE 3/10/98	

9. Name and Address of Current Registered Agent
LEE, CHUN
18861 PINE RUN LANE
FT MYERS FL 33912

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
18201 HORSESHOE BAY CIR
 83
 84 City **Ft MYERS** **FL** 85 Zip Code **33912**

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 *Chun Lee* (**CHUN LEE**) - President

DATE **3/10/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P S T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, CHUN	1.2 NAME	
STREET ADDRESS	18861 PINE RUN LANE	1.3 STREET ADDRESS	18201 HORSESHOE BAY CIR
CITY-ST-ZIP	FT MYERS FL 33912	1.4 CITY-ST-ZIP	FT MYERS FL 33912
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	YING KI IP
STREET ADDRESS		2.3 STREET ADDRESS	18201 HORSESHOE BAY CIR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT MYERS FL 33912
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P S T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	18201 HORSESHOE BAY CIR
1.4 CITY-ST-ZIP	FT MYERS FL 33912
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	YING KI IP
2.3 STREET ADDRESS	18201 HORSESHOE BAY CIR
2.4 CITY-ST-ZIP	FT MYERS FL 33912
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.

CR2E034 (10/97)