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FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023995 (8)

1. Corporation Name
SAM FAT, INC.

Principal Place of Business

9840 U.S. HIGHWAY 19
PORT RICHEY F: 34868

Mailing Address

9840 U.S. HIGHWAY 19
PORT RICHEY F: 34868

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

59-3433559

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CHU, LUEN H
7919 SEASONS LANE
NEW PORT RICHEY FL 34863

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE PD
NAME MOK, TANG O
STREET ADDRESS 7323 ROYAL CRESCENT COURT
CITY-ST-ZIP PORT RICHEY FL 34868

TITLE VD
NAME CHU, WAI C
STREET ADDRESS 7919 SEASONS LANE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE SD
NAME CHU, LUEN H
STREET ADDRESS 7919 SEASONS LANE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE TD
NAME YAM, ANNIE
STREET ADDRESS 8128 GOLDEN BEAR LOOP
CITY-ST-ZIP PORT RICHEY FL 34868

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME CHU, WAI C
2.3 STREET ADDRESS 7919 SEASONS LANE
2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34653

3.1 TITLE SD
3.2 NAME CHU, LUEN H
3.3 STREET ADDRESS 7919 SEASONS LANE
3.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34653

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE: *[Signature]*

1-17-98

813-847-7888

CR2E034 (10/97)