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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700023995

Principal Place of Business	Mailing Address
9840 U.S. HIGHWAY 19	9840 U.S. HIGHWAY 19
PORT RICHEY F: 34668	PORT RICHEY F: 34668

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90026 038 ***150.00

1. Corporation SAM FA	n Name	02000									
Principal Place	e of Business	Mailing Address					ii: Ba ii : ii	488 HUI		PI VIII IOOL	
9840 U.S. HIGH	WAY 19	9840 U.S. HIGHWAY 19					•				
PORT RICHEY F: 34668 PORT RICHEY F: 34668											
						DO NOT WRITE IN	IMIS	SPACE			ı
						3. Date Incorporated or Qualifed 03/11/1997					ı
1 Dringing D	lace of Business	2a. Mailing Address				4. FEI Number			Annli	ed For	i
	lace of Busiliess	26				59-3433559		H		Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.7	5 Add	ditional	
22	 -	27			—~~ ~	5. Certifcate of Status Desired	<u> </u>		Requ		
City & State	8	City & State		·		6. Election Campaign Financing		\$5.0	00 м	ay Be	
23		28				Trust Fund Contribution		Add	ed to I	Fees	i
Zip	Country	Zip	Count	try		8. This corporation owes the current y			_	_	i
24	25		30			Personal Property Tax.		Yes]No	
	9. Name and Address of Current	Registered Agent	—— <u>-</u>	nal 61		10. Name and Address of New Regis	tered A	gent			
CUI	HIENH		J °	81 Name							ļ
	, LUEN H) Seasons Lane		ε	Street	Addres	ss (P.O. Box Number is Not Acceptable)					ı
	PORT RICHEY FL 34653		-			· · · · · · · · · · · · · · · · · · ·					ı
MEM	FURI NICHET FL 34033			33			•				ı
			1	84 City			FL	85 2	ip Co	de	!
-				1		in a shariff this state and for the our		honging	ite se	gietored	
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	t Florida. Such change was at	imonzea i	ov tne com	oration	ation submits this statement for the purp 's board of directors. I hereby accept the	appoin	tment a	s regis	tered	
SIGNATURE							ATE				
	Signature, typed or printed name of registered agent		Registered A	gent signature r	equired v	when reinstatung) ADDITIONS/CHANGES TO OFFICE		DIREC	TORS	S IN 12	9
12.	OFFICERS AND		1.1 TITL	F		ABBITIONS/CHANGES TO ST. IOL		Chan		☐ Addition	
TITLE		DEL DELETE	1.7						-		3
	PD MOK TANG O	X DELETE	1.2 NAM								. 9
NAME	MOK, TANG O	•	1.2 NAM					_			١ ٢
STREET ADDRESS	MOK, TANG O 7323 ROYAL CRESCENT COUR	•	1.3 STR	EET ADDRESS				_			
STREET ADDRESS CITY-ST-ZIP	MOK, TANG O 7323 ROYAL CRESCENT COUR PORT RICHEY FL 34668	т	1.3 STRI	EET ADDRESS -ST-ZIP	Þ	· D		K Chan	ge	☐ Addition	
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STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	MOK, TANG O 7323 ROYAL CRESCENT COUR PORT RICHEY FL 34668 VD CHU, WAI C 7919 SEASONS LANE	т	1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI	EET ADDRESS '-ST-ZIP E	29	THE SEASONS LANT	5-3		ge	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	MOK, TANG O 7323 ROYAL CRESCENT COUR PORT RICHEY FL 34668 VD CHU, WAI C 7919 SEASONS LANE PORT-RICHEY-FL 34653	т	1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI	EET ADDRESS /-ST-ZIP E EET ADDRESS Y-ST-ZIP	29	all, WAI C	53			☐ Addition	-
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

727-847-7888