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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032350 (5)

CHANDHASIN'S THAI KITCHEN, INC.

Principal Place of Business Mailing Address									T (BRUGDT 118 16111 18911 86111 66111 68111 98168 11119 1120 11121 41111 6011 1041		
1847 N MILITARY TRAIL 1847 N MILITARY TRAIL WEST PALM BEACH FL 33409 WEST PALM BEACH FL 334							109			DO NOT WRITE IN THIS SPACE	
										Date Incorporated or Qualified     04/09/1997	
2. Principal P	lace of Busi	ness		20.	Mailing Address					4. FEI Number Applied For	
21 _					26					105.093833U Not Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required	
City & State					City & State					6. Election Campaign Financing \$5.00 May Be	
23					8					Trust Fund Contribution	
Zip Country			}-		Zip Cou			1		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 25 25 A Name and Address of Current				29 Notes						Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent CHANDHASIN, JINTANA							81	Π	Name		
1847 N MILITARY TRAIL							82	ļ.,	Street Addres	ss (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33409											
							83	L	<u>-</u>		
							84	۱ '	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.											
]	m tamiliar w	ith, and accep	t the obligation	is of	, Section 607,0505, FI	iorida S	Statute	S.			
							Registered Agent signature require			d when reinstating) DATE	
12.		OFF	ICERS AND DI	REC			3.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	ALACIAL HACT	ANIA		DELETE		.1 TITLE		Ì	L. Change L. Addition	
NAME	•	HASIN, JINT					.2 NAME				
STREET ADDRESS 1847 N MILITARY TRAIL  CITY-ST-ZIP WEST PALM BEACH FL 33409							1.3 STREET ADDRESS 1.4 CITY - ST - ZIP				
CITY-ST-ZIP TITLE	D	ALIII DEAOI	116 00709		☐ DELET <b>E</b>	_	.4 CHY-8 .1 TITLE	1-1	214	☐ Change ☐ Addition	
NAME	CHANDHASIN, PLANG						2.2 NAME			- Change - Nothion	
STREET ADDRESS 1847 N MILITARY TRAIL							2.3 STREET ADDRESS		ODBESS		
CITY-ST-ZIP WEST PALM BEACH FL 33409							2. 4 CITY-ST-ZIP				
TITLE					☐ DELETE		1 TITLE			☐ Change ☐ Addition	
NAME						3	.2 NAME				
STREET ADDRESS						3	.3 STREET	AD	DDRESS		
CITY-ST-ZIP						3	A. CITY-	SŦ-	ZIP		
TITLE	-				DELETE	4	.1 TITLE			Change Addition	
NAME						4.	2 NAME				
STREET ADDRESS						4.	3 STREET	AD	DDRESS		
CITY-ST-ZIP						4.	4 CITY - S	T-2	ZIP		
TITLE					☐ DELE <b>te</b>	5.	1 TITLE			Change Addition	
NAME						5.	.2 NAME				
STREET ADDRESS						5.	.3 STAEET	AD	DDRESS		
CITY-ST-ZIP							4 CITY-S	7-2	ZIP		
TITLE					☐ DELET <b>Ë</b>	6.	1 TITLE			☐ Change ☐ Addition	
NAME						6.	2 NAME				
STREET ADDRESS						6.	3 STREET	AD	DDRESS		
CITY-ST-ZIP						6.	4 CITY - S	T-2	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, ocen an attachment with an address.

2-16-98