

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 19 1998 8:00am
Secretary of State

DOCUMENT # P97000043673 (7)

1. Corporation Name

CHOU'S DYNASTY INC.



Principal Place of Business

**3507 MACLAY BLVD SOUTH
TALLAHASSEE FL 32308**

Mailing Address

**3507 MACLAY BLVD SOUTH
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

2. Principal Place of Business

21 3507 MACLAY BLVD. S.

Suite, Apt. #, etc.

2a. Mailing Address

26 3507 MACLAY BLVD. S.

Suite, Apt. #, etc.

4. FEI Number

59-3485641

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

22

City & State

23 TALLAHASSEE FL

24

Zip

32308

Country

LEON

27

City & State

28 TALLAHASSEE FL

29

Zip

32308

Country

LEON

9. Name and Address of Current Registered Agent

**CHOU, ANNIE
2409 WILLOW AVE 1348 RACHEL LN. W.
TALLAHASSEE FL 32308 32308**

10. Name and Address of New Registered Agent

**81 Name ANNIE C. CHOU
82 Street Address (P.O. Box Number is Not Acceptable)
1348 RACHEL LN. WEST.
83
84 City TALLAHASSEE FL 85 Zip Code 32308**

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 **PRESIDENT** ☐ DELETE

NAME **ANNIE C. CHOU**

STREET ADDRESS **1348 RACHEL LN. W.**

CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **V.P.** ☐ DELETE

NAME **CHIHMIN CHOU**

STREET ADDRESS **1348 RACHEL LN. W.**

CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

7-1-98 906-0990

CR2E034 (5/98)