

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90066 003 ***150.00

DOCUMENT # P97000044696

1. Corporation Name

HUNTER'S CREEK CHINESE RESTAURANT INC.

Principal Place of Business

3556 AMACA CIRCLE
ORLANDO FL 32837

Mailing Address

3556 AMACA CIRCLE
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

59-3452691

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 the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 4106 TOWN CENTER BLVD

Suite, Apt. #, etc.

22

City & State
23 ORLANDO, FL

Zip Country

24 32837

25

2a. Mailing Address

26 4106 TOWN CENTER BLVD

Suite, Apt. #, etc.

27

City & State
28 ORLANDO, FL

Zip Country

29 FL 32837

30

9. Name and Address of Current Registered Agent

FAN, MABEL
3556 AMACA CIRCLE
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

LI, YAT FEI

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

4106 TOWN CENTER BLVD

83

84

City ORLANDO

FL

85

Zip Code
32837

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] YAT FEI LI

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-99

12. OFFICERS AND DIRECTORS

TITLE P
NAME YAT, FEI LI
STREET ADDRESS 1526 LARKS NEST CT
CITY-ST-ZIP ORLANDO FL 32826

☒ DELETE

TITLE VP
NAME LAU, CHUN S
STREET ADDRESS 447 FORESTWOOD LN
CITY-ST-ZIP MAITLAND FL

☐ DELETE

TITLE VP
NAME HINGK, FAN
STREET ADDRESS 3556 AMACA CIR
CITY-ST-ZIP ORLANDO FL 32837

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.S.
1.2 NAME LI, YAT FEI
1.3 STREET ADDRESS 1526 LARKS NEST CT.
1.4 CITY-ST-ZIP ORLANDO, FL 32826.

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *[Signature]* YAT FEI LI, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99- 407-816-0900

Date

Daytime Phone #

CR2E034 (1/98)