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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B.,Morthar?

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098806 (7)

P.D. CHANG ENTERPRISES, INC.

FILED Jun 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4170 N. ELWYN PT. 4170 N. ELWYN PT. HERNANDO FL 34442 HERNANDO FL 34442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/19/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes □ No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHANG, SU OUN 4170 N. ELWYN PT. 82 Street Address (P.O. Box Number is Not Acceptable) HERNANDO FL 34442 83 84 City 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 regimered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) 1001 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE PRESIDENT NAME 1.2 NAME CR2E034 SU OUN CHANG STREET ADDRESS 1.3 STREET ADDRESS 4170 N ENWYN PT CITY-ST-ZIP 1.4 CITY - ST- ZIP HERNANDO, FL 34442 DELETE Change ☐ Addition TITLE 21 TITLE VICE PRES / SEC. 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS DOREEN CNANG CITY - ST - ZIP 2.4 CITY-ST-ZIP 4170 N ELWYN PT DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME HERNANDO, FL 34442 STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP **800002549425**** -06/05/98--01092--014 TITLE DELETE 6) THEF NAME 6.2 NAME

14. I hereby certify that the information supplied with this filling 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 ceth; that fam 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CiTY-ST-7IP

***150.00