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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P97000101407 (9)

MING COURT CHINESE RESTAURANTS, INC.

## FILED Feb 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4823 MILTON STREET 4823 MILTON STREET CAPE CORAL FL 33904 CAPE CORAL FL 33904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1997 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number 65-0798552 21 26 Not Applicable 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 28 Trust Fund Contribution Added to Fees 23 Country Ζıρ Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30 X No. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CHOO. HOM PING 4823 MILTON STREET 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 City 65 Zip Code 11. Pursuant to the provisions of Soctions 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 72E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 TITLE Change CHOO, HOM PING CHOO, HOM PING NAME 1.2 NAME **618 EL DORADO PARKWAY** 618 El Dorado Parkway 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP Cape Coral, FL 33914 DELETE 2.1 TITLE ☐ Change Addition TITLE S/T/D NAME 2.2 NAME CHOO. YOKE HUA 2.3 STREET ADDRESS STREET ADDRESS 618 El Dorado Parkway CITY-ST-ZIP 2. 4 CITY-ST-ZIP Cape Coral, Fl 33914 DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE \_\_ Change Addition TITLE 5.1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CiTY - S1 - ZIP 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 exemption statutes.

CIONATURE.

( Prostolent)

110/98

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