

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90090 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000106913

1. Corporation Name
NEW CHINA GARDEN, INCORPORATED



Principal Place of Business 1707 SEMORAN NORTH SUITE 203 WINTER PARK FL 32792	Mailing Address 1707 SEMORAN NORTH SUITE 203 WINTER PARK FL 32792
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1997	
21		26		4. FEI Number 59-3490051	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	Country	29. Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent YU, PARK LAM 1707 SEMORAN NORTH SUITE 203 WINTER PARK FL 32792				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	S.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YU, PARK LAM	1.2 NAME	LEE, Pui Yuk
STREET ADDRESS	1707 SEMORAN NORTH STE. 203	1.3 STREET ADDRESS	P.O. Box 1032, 123 HIGHLAND BUE.
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	DEBARY, FL 32713
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YU, JERRY F	2.2 NAME	HON, CHI WAI
STREET ADDRESS	500 W AIRPORT BLVD #1716	2.3 STREET ADDRESS	2611 SANBURY ST.
CITY-ST-ZIP	SANFORD FL 32773	2.4 CITY-ST-ZIP	ORLANDO,
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YU, JERRY F	3.2 NAME	
STREET ADDRESS	500 W AIRPORT BLVD #1716	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED SECRETARY 2-2-99 DATE 407-320-8089 DAYTIME PHONE #

0082621

CR2E034 (1/1/98)