

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90190 041 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000024429

1. Corporation Name
LC LUCKY, INCORPORATED



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1998

4. FEI Number

59-3492942

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax.

☐ Yes☒ No

2. Principal Place of Business

21 5899 S. ORANGE BLOSSOM

Suite, Apt. #, etc.

22 TRAIL

City & State

23 ORLANDO, FL

Zip

24 32809

25

Country

2a. Mailing Address

26 5899 S. ORANGE BLOSSOM

Suite, Apt. #, etc.

27 TRAIL

City & State

28 ORLANDO, FL

Zip

29 32809

30

Country

9. Name and Address of Current Registered Agent

CHAU, JULIE
 2842 CAMOMILE DRIVE
 ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

YU, TOMMY L.

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

5899 S. ORANGE BLOSSOM TRAIL

83

84 City

ORLANDO

FL

85

Zip Code

32809

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

Tommy L. Yu

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHAU, JULIE	
STREET ADDRESS	2842 CAMOMILE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LAM, KHIN S	
STREET ADDRESS	4021 S QUEEN ANNE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YU, TOMMY L.	
STREET ADDRESS	2842 CAMOMILE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YU, TOMMY L.	
1.3 STREET ADDRESS	5899 S. ORANGE BLOSSOM TRAIL	
1.4 CITY-ST-ZIP	ORLANDO, FL 32809	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: ☒ Tommy L. Yu, PRESIDENT, 1-12-99 407-888-8368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)