

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90047 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000032863 ✓					
1. Corporation Name Lotte Oriental Market, Inc.					
Principal Place of Business		Mailing Address Same			
1425 W. Oakridge Rd		Orlando, FL 32809			
2. Principal Place of Business		28. Mailing Address		4. FEI Number	
21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐			
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐			
23. Zip	28. Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes	
24. Zip	29. Zip	30. Country		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
Jun M. Kang		83. City		84. State	
4651 Oak Haven #201		FL		32839-3187	
Orlando FL 32839-3187					

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **4/8/98**

4. FEI Number **59-3505291**

Applied for
Not Applicable

\$8.75 Annual Fee
Added to...

\$5.00 Intangible
Personal Property Tax
Added to...

Yes

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 of the above-named agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	1. D.P.S.	11. TITLE	1. 4651 Oak Haven #201
NAME	2. Jun M. Kang	12. NAME	2. Orlando FL 32839
STREET ADDRESS	3. 1474 Sunshadow Dr #208	13. STREET ADDRESS	3. 4651 Oak Haven #201
CITY, ST, ZIP	4. Casselberry FL 32707	14. CITY, ST, ZIP	4. Orlando FL 32839
TITLE	5. D.V.P.	21. TITLE	1. 4651 Oak Haven #201
NAME	6. Sook Kang	22. NAME	2. Orlando FL 32839
STREET ADDRESS	7. 1474 Sunshadow Dr #208	23. STREET ADDRESS	3. 4651 Oak Haven #201
CITY, ST, ZIP	8. Casselberry FL 32707	24. CITY, ST, ZIP	4. Orlando FL 32839
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information furnished is true and accurate and that my signature shall have the same legal effect as if made under oath. I am the owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature is in full compliance with the provisions of Section 607.0505, Florida Statutes, and that my signature is in full compliance with the provisions of Section 607.0505, Florida Statutes, and that my signature is in full compliance with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE:

Sook Kang U. President

4/27/99 407-855-0992