

07201999-90005-035-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 06/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

999.

FILED

99 OCT 21 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000042557 1. Corporation Name CHINA CITY RESTAURANT, INC.			
Principal Place of Business 1221 4TH STREET, NORTH ST. PETERSBURG FL 33701		Mailing Address 1221 4TH STREET, NORTH ST. PETERSBURG FL 33701	
2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent HAO, HUNG CHU 1221 4TH STREET, NORTH ST. PETERSBURG FL 33701		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 607.0506, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: X SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

7/20/99 90005 035 \$550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1998	
4. FEI Number 59-1517939	Applied For Not Applicable
5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	\$6.75 Additional Fee Required \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. Yes No	

CR2E034 (5/99)