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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000050372

1. Corporation Name

SUPER BUFFET KING INC.

Drivers of Disease	of Dissipance	Mailing Address					Elimet ira jarat imiti amiti deri		1111 00100 11111 1	
Principal Place	/.0. a7 /ATL NA	Maining Address	161860	= 19	TH IAM	土				
1410-S.E. 23RD CAPE CORAL F		NZ 4410-3:E: 23HU-TEHR T CAPE-CORAL-FL 33990	عردهاطا	- 11	III HETIY	4				
GAPE CORACT	CALE COUNT LE 20220	CAPE CORAL FL			DO NOT WRITE IN THIS SPACE					
	CAPZ CORAL FL	33990			3. Date Incorporated or Qualifed					
,	33990					06/03/1998				
2. Principal Pl	ace of Business	2a. Mailing Address		k		4. FEI Num	ber o o		Apr	olied For
21		26				65	-088801	16	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Cortificat	o of Status Desired		\$8.75 A	
22		27	27			5. Certificate of Status Desired Fee Re			quired	
City & State		City & State				6. Election	6. Election Campaign Financing \$5.00 May Be			May Be
23		28				Trust Fu	nd Contribution		Added to	Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible				
24		29	30				Property Tax.			No
	9. Name and Address of Current	t Registered Agent		- T		10. Name a	nd Address of New R	egistered A	Agent	
	1944 - 0				Name 1	<i>111</i> 1.	tN GUD			
LIU, JIN G				82 3	Street Addre	ess (P.O. Box I	Number is Not Acceptal	qie).		
1410 S.E. 23RD TERR					1618	<u> 52 </u>	1974 LAN			
CAPI	E CORAL FL 33990			83						
				84 (City CA	01 /	2010 A 1		85 Zip C	ode
				1	UA.	PE C	UKAL	<u> </u>	1133	990
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Stati	utes, the al	bove-n	named corpo	oration submits	this statement for the prectors. I bereby accept	ourpose of o	changing its stment as rec	registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, F	lorida Statu	utes.	o corporation					1
SIGNATURE	1 .	٠.								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					ignature required	when reinstating)	UDICUANICES TO OFF	DATE	D DIDECTO	DC (N 12
12.	OFFICERS AN		13.			ADDITIO	NS/CHANGES TO OFF	ICERS ANI	Change	Addition
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NAME	LIU, JIN G		1,2 NA				GUO			
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CITY-ST-ZIP			5.4 Cf 6.1 TT	TY-ST-Z	ZIP				☐ Change	Addition
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NAME			6.2 NA							
	Ī		6357	TREET AL	DDRESS))

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.

CITY-ST-ZIP