

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

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90043 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000053147

1. Corporation Name  
 George's 168 Food Server, Inc.

00021746

Principal Place of Business  
 8032 St Andrews Cir  
 Orlando, FL 32835

Mailing Address  
 8032 St Andrews Cir  
 Orlando, FL 32835

2. Principal Place of Business  
 21  
 2a. Mailing Address  
 26 539 N Mills Ave  
 Suite, Apt # etc  
 27  
 City & State  
 23 Orlando, FL  
 Zip Country  
 24 25 29 30 32803 U.S.A

3. Date Incorporated or Qualified  
 6-8-1998

3a. Date of Last Report

4. FEI Number  
 59-3514913

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$6.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
 Zhi Qiao  
 8032 St Andrews Cir  
 Orlando, FL 32835

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 607.0505, Florida Statutes.

SIGNATURE X *Nina Xie* DATE 2/10/00

Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	Zhi Qiao (President)	<input type="checkbox"/> DELETE
NAME	8032 St Andrews Cir	
STREET ADDRESS	Orlando, FL 32835	
CITY-ST-ZIP		
TITLE	Peter Xie (Vice President)	<input checked="" type="checkbox"/> DELETE
NAME	8032 St Andrews Cir	
STREET ADDRESS	Orlando, FL 32835	
CITY-ST-ZIP		
TITLE	Nina Xie (Treasurer)	<input type="checkbox"/> DELETE
NAME	8032 St Andrews Cir	
STREET ADDRESS	Orlando, FL 32835	
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

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Nina Xie (Vice President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	8032 St Andrews Cir	
23 STREET ADDRESS	Orlando, FL 32835	
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: X *Nina Xie* DATE 2/10/00 DAYTIME PHONE 407-894-7859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR