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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P980000 63041

1. Corporation Name

ZHONG FU FRANCHISING GROUP, INC

May 17, 1999 8:00 am Secretary of State 05-17-1999 90003 007 ***150.00

Principal Place of Business		Mailing Address							
931 N. SR4	34, # 1235	931 N. SA	3434,	,#1	1235				
betamonte Springs, FL 32714 ALTAMONTE Springs						DO NOT WRITE IN THIS SPACE			
actumence of which the same ?			Spru	NG S	;	3. Date Incorporated or Qualifed			
		FC 32-	714			7-15-98			
2. Principal Place of Busine	ee .	2a. Mailing Address	, , _T			4. FEI Number		Δr	plied For
	⊢		(n	D o	100	59-3521301		- 	t Applicable
21 26 / 224			een/ne	VK	ire-	27 201 201		\$8.75	
	2	7	R			5. Certifcate of Status Desired		Fee Re	
City & State	<u> </u>	00 000	- <u>U</u>		···	6. Election Campaign Financing		\$5.00	
23	2	B MULANDA	$\mathcal{F}_{\mathcal{I}}$			Trust Fund Contribution		Added 1	- 1
Zip	Country	B ONLANDO, Zip	Cour	ntry		8. This corporation owes the curre	ent vear Inta		
24	¬ ′ ⊢	~ ~	30 L		. A·	Personal Property Tax.	•	Yes	ÄN₀
	nd Address of Current Reg		11	<u> </u>		10. Name and Address of New R	egistered A	gent	<u> </u>
Liu, Gui Lin				81	Name				
· '					A 1 1	(7.0.5.1)			
931 N. SR 434, #1235					Street Addre	ess (P.O. Box Number is Not Accepta	Die)		
ALTAMONIE JPRINGS, FL 32714									
MC(AMON(G AF	1045, FL 32114								
				84	City		FL	85 Zip (Code
11 Pursuant to the provisio	ne of Sections 607 0502 and	607 1508 Florida State	ites the at	hove-	named corn	oration submits this statement for the		hanging its	registered
office or registered ager	nt, or both, in the State of Flo	rida. Such change was	authorized	by th	ne corporatio	on's board of directors. I hereby accep	t the appoin	tment as re	gistered
agent. I am familiar with	, and accept the obligations	of, Section 607.0505, FI	orida Statu	utes.					1
SIGNATURE	printed name of registered agent and to	the forest-phila	E: Do-stared	Agente	non at use securities	when reinstating)	DATE		
Signature, typed or	OFFICERS AND DI		13.	Agent s	signature required	ADDITIONS/CHANGES TO OFF		DIRECTO	IRS IN 12
TITLE P. D	OT ICENS AND DI	☐ DELETE	1.1 111			ADDITIONO/OFFAREED TO OFF	TOE NO THE	☐ Change	Addition
NAME LIU, GUI LIN				1.2 NAME					
STREET ADDRESS 931 N. SR.434 , #1235				1.3 STREET ADDRESS					
				1.4 CITY-ST-ZIP					
CITY-ST-ZIP ALTA-MON	IE SPRINGS, HL S	2774 □ DELETE	_		ZIP			Change	[] Addition
			1	2.1 TITLE				Change	
NAME CHEN, MIN & 14N4			1	2.2 NAME					
STREET ADDRESS 931 N. SR. 434				2.3 STREET ADDRESS					
CITY-ST-ZIP ALTAMONIA	E SPRINGS, FL	3ン/4 □ DELETE	_	TY-ST-	ZIP			Change	C Addition
TITLE		☐ DELETE	3.1 TH					Change	Addition
NAME			3.2 NA						
STREET ADDRESS			3.3 STF	REETA	DDRESS				
CITY-ST-ZIP				TY-ST-	ZIP				
TITLE		☐ DELETE	4.1 TI∏					Change	Addition
NAME			4.2 NA	AME					1
STREET ADDRESS			4.3 STF	REETA	DDRESS				İ
C/TY-ST-ZIP	<u> </u>		4.4 CIT	Y-ST-2	ZIP				
TITLE		☐ DELETE	5.1 TITI		}			Change	☐ Addition
NAME			5.2 NA						
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CITY-ST-ZIP			5.4 CIT		ZIP		*****		
TITLE		☐ DELETE	6.1 TITE					☐ Change	Addition
NAME			6.2 NAJ						
STREET ADDRESS			6.3 STF	REETA	DDRESS				
CITY-ST-ZIP			6.4 CIT	Y-ST-2	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: