05-06-1999 90087 044 ***150.00

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 # P98000072355

LEMONGRASS THAI KITCHEN, INC.

Principal Place of Business 1847 N. MILITARY TRAIL

Mailing Address

1847 N. MILITARY TRAIL

WEST PALM BEACH FL 33409		WEST PALM BEACH FL 33409		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/21/1998		
2. Principal Pla	ace of Business	2a, Mailing Address			4, FEI Number 65-0863093		Applied For Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	75 Additional e Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zip 24	Country 25	Zip 3	Countr	y 	This corporation owes the current year Int Personal Property Tax.	Yes	□No
	9. Name and Address of Current	t Registered Agent		,	10. Name and Address of New Registered	Agent	
			81	Name			
KORNSUWAN, NONGNART 1847 N. MILITARY TRAIL				82 Street Address (P.O. Box Number is Not Acceptable)			
WES	T PALM BEACH FL 33409		83				
			84	City	FL	85	Zip Code
agent. I ar	π familiar with, and accept the obligat	t and title if applicable (NOTE: F	da Statute	s.	on's board of directors. I hereby accept the appointment of directors of hereby accept the appointment of the directors of the appointment of the		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	☐ DELÉTE	1.1 TITLE			Cha	nge
NAME	KORNSUWAN, NONGNART		1.2 NAME				
STREET ADDRESS	1847 N. MILITARY TRAIL		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CITY-	ST-ZIP			
TITLE	VPD	DELETE	2.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	SUWANAPONG, PANCHIT		2.2 NAME				
STREET ADDRESS	1847 N. MILITARY TRAIL		2.3 STREI	ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33409		2. 4 CITY-		·	Cha	nge
ULFE		☐ DELETE	3.1 TITLE				rige
NAME			3.2 NAMÉ	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-			∏ Cha	nge Addition
TITLE			4.1 TITLE				go
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREI	ET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Cha	inge Addition
ţ		_ 5222.16	5.2 NAME			_	- -
NAME STREET ADDOCESS			1	ET ADDRESS			
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Cha	inge Addition
NAME			6.2 NAME	:			
1			1	ET ADDRESS			
STREET ADDRESS			64 CITY-	I			

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: