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 # P980000843151

ROYAL KING BUFFET, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90240 046 ***150.00

1							
Principal Pla	ce of Business	Mailing Address					
7610 49th STREET WORTH- 7610 49th STREET WORTH. PINEULAS PAKE, FL 33781 PINEULAS PARK, FL 33781							
PINEU	AS PARCE, FL 33781	PURCLE F	DADU TI	32201	DO NOT WRITE IN TH	IS SPACE	
I work I make				78181	3. Date Incorporated or Qualified		
7 Dringing I	Diago of Business	Do Maille Address			09-30-98		
Principal Place of Business 2a. Mailing Address			S		4. FEI Number Applied Fo		
Suite Ant	:#; etc.	26 Suite, Apt: #, et			59-3532017		Not Applicable
22		27			5. Certificate of Status Desired		5-Additional- Required
City & Sta	te	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Coun	try	8. This corporation owes the current year in	ntangible	
24	25 29		30		Personal Property Tax.	☐ Yes	XINO
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	Agent	
DANG	, 40NG 44):	81 Name			
7610 49th STREET WORTH-				Street Add	lress (P.O. Box Number is Not Acceptable)		
PINEULAS PARK, FL 33781				33			
	, = = ,, , ,	'	1	34 City	F!	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida	Statutes, the abo	ove-named corp	poration submits this statement for the purpose of	f changing	its registered
agent, I a	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change to tions of, Section 607.050	was authorized i 5, Florida Statut	by the corporati es,	on's board of directors. I hereby accept the appoint	ontment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable	(NOTE: Registered A	ant signature require	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS			gent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P. D.	☐ DELE	. 13 . TE 1.1 T/TL/	E .		Chang	
NAME	DONG, 4024 44		1.2 NAM	E			
STREET ADDRESS		271+	1.3 STRI	EET ADDRESS			ì
CITY-ST-ZIP	PLUE LAS PARC. FL	33781	1.4 C/TY	-ST-ZIP			ŀ
TITLE		☐ DELE				☐ Chang	e
NAME			2.2 NAM	E			
STMEET ADDRESS			23 STRI	EET ADDRESS			ì
ST-ZIP			2.4017	'-ST-ZIP	· · · · ·		
HILE		☐ DELÉ	TE 31 TITLE			Chang	e Addition
_			3 2 NAM	E)			Ì
: ADDRESS			3.3 STRE	ET ADDRESS			}
ST ZLP			3.4 CITY	-ST-ZIP			
		☐ DELE	TE 4.1 TITLE			Change	e 🔲 Addition
			4. 2 NAM	E)			1
ADDRESS			43STRE	ET ADDRESS			}
ST-ZIP			4.4 CITY	ST-ZIP			- 1
		☐ DELE1	TE 5.1 TITLE			Change	Addition
=			5.2 NAM	. }			}
i AUDRESS	•		53 STRE	ETADDRESS			l
ST-ZIP			54 CITY-	ST-ZIP			
		☐ ØELET	TE 6.1 TITLE			Change	Addition
_			6.2 NAME	<u> </u>			
: ADDRESS			63 STRE	ET ADDRESS			

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.

MATURE:

SIGNATURE AND TYPED OF PRINTED

HE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, PRESIDENT

4-20-99

727-544-8808.

Daytime Phone