

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90074 037 ***150.00

0066776

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000085484			
1. Corporation Name CHINA FIRST BUFFET OF ALTAMONTE SPRINGS, INC			
Principal Place of Business 691E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701		Mailing Address 691E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701	
2. Principal Place of Business 21 691E Altamonte Drive Suite, Apt. #, etc. 22 City & State 23 Alt. springs, FL 32701 Zip 24 32701 Country 25 U.S.A		2a. Mailing Address 26 691E Altamonte Drive Suite, Apt. #, etc. 27 City & State 28 Altamonte springs, FL 32701 Zip 29 32701 Country 30 U.S.A	
9. Name and Address of Current Registered Agent LIN, JIE 691E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIN, JIE 691E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V YONG ZHENG LIN 619 E. Altamonte Drive Altamonte springs, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIN, JING 691E ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 830-9700
Date Daytime Phone #

CR2E034 (11/98)