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 # P98000085484

CHINA FIRST BUFFET OF ALTAMONTE SPRINGS, INC

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

03-04-1999 90074 037 ***150.00



Principal Place	e of Business	Mailing Address					U(11 UB) HAIU	1 58189 BUIL BIB		
691E ALTAMONTE DRIVE 691E ALTAMONTE DRIVALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS			. 32701			DO NOT WRITE IN THIS SPACE				
					ŀ	3. Date Incorporated or Qualifed				٦
}					-	10/05/1998				1
Principal Place of Business 2a. Mailing Address					-	4. FEI Number		A	Applied For	1
21 691 E.	Altamonte DYIVE	26 69/ E. AH	apport	te Dri	UP	-59-3534826		N	Not Applicable	7
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	1
27						5. Certificate of Status Desired		Fee F	Required	╛
City & Stat 23 414.5	orings, Also 101	City & State 28 A (famoat R.	s pri	ngs,il	527-	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip Country Zip 24 32701 25 U.S. 4 29 32701 31			7 Cou	ntry <i>U-</i> S - /	ģ	This corporation owes the cur Personal Property Tax.		Yes	X 10	
9. Name and Address of Current Registered Agent						10. Name and Address of New	Registered	Agent		4
LIAL HE										
LIN, JIE 691E ALTAMONTE DRIVE					Addres	s (P.O. Box Number is Not Accept	able)			1
ALI	AMONTE SPRINGS FL 32701			83						ļ
ł				84 City				85 Zip	Code	1
						<u> </u>	<u>FL</u>	_ -		
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										-
40	Signature, typed or printed name of registered agent			Agent signature re	equired w		DATE	ND DIDECT	ODC IN 43	<u>ءِ</u> ⊢
12.	OFFICERS AND	DELETE	13.	<u> </u>		ADDITIONS/CHANGES TO OF	FICERS A	Change	Addition	} {
TITLE	P	☐ Officie	1.2 NA		l	YONG 2HENG (19 E. Altamonte It 4 month springs	LEW		. Partoullon	3
NAME				1	61	4 6. Altamonte	DK.	Ve		8
STREET ADDRESS	ALTAMONTE BRIVE ALTAMONTE SPRINGS FL 32701			REET ADORESS	h	It i mante covings	11	1272/	ı	L
CITY-ST-ZIP TITLE	V	DELETE	2.1 TIT	Y-\$T-ZIP		17 a monit spine	عرر	☐ Change	Addition	1 5
NAME	LIN, JING									
STREET ADDRESS	691E ALTAMONTE DRIVE		•	REET ADDRESS						
ALTHADATE ORDINGO EL COTO										}
CITY-ST-ZIP TITLE	ALIMIONIE OF MINOU FE 32/8	DELETE	3,1 TIT	TY-ST-ZIP LE			-	Change	Addition	1
NAME		 ·-	3.2 NA					_ ,	_	
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP			•	TY-ST-ZIP						
TITLE		☐ DELETE	4.1 TIT		-			Change	Addition	1
NAME			4, 2 N	AME						
STREET ADDRESS			4.3 ST	REET ADDRESS)
CITY-ST-ZIP		•		ry-st-zip					,	1
TITLE		☐ DELETE	5.1 TIT			73		☐ Change	e Addition	٠]
NAME			5.2 NA	ME						
STREET ADDRESS				REET ADDRESS						1
CITY-ST-ZIP				TY-ST-ZIP						
TITLE		☐ DELETE	6.1 717	LE				Change	Addition	1
NAME			6.2 NA	ME	l					1
STREET ADDRESS			6.3 ST	REET ADDRESS						
AUT / DT 7/5			64.00	V-07 7ID						1

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: