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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name S00161

(7)

RICE BOWL, INC.

FILED Feb 23 1998 8:00am Secretary of State

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City & State 23	Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
23	27					5. Certificate of Status Desired	Fee Required
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Second Property Tax due June 30. Second Propert	[23]						
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TRUONG, HAI VAN BOY E HINSON AVE HAINES CITY FL 33844 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11, Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept this obligations of, Soction 607.0505, Prorida Statules 85 Signature, lived or prefet name or angular land file of Applications of, Soction 607.0505, Prorida Statules 80 Signature, lived or prefet name or angular land file of Applications of, Soction 607.0505, Prorida Statules 81 Signature, lived or prefet name or angular land file of Applications of, Soction 607.0505, Prorida Statules 82 Signature, lived or prefet name or angular land file of Applications of, Soction 607.0505, Prorida Statules 83 Signature, lived or prefet name or angular land file of Applications of, Soction 607.0505, Prorida Statules 94 Signature, lived or prefet name or angular land file of Applications of, Soction 607.0505, Prorida Statules 95 Signature, lived or prefet name or angular land file of Applications of Soction 607.0505, Prorida Statules 95 Signature, lived or prefet name or angular land file of Applications of Change and Applications	[24]			30			
ON E HINSON AVE HANES CITY FL 33844 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 agent, or both, in the Station of Torda. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent an internier with, and accept the highlightons of Sections 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent an internier with, and accept the displacions of Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent an internier with, and accept the obligations of Section 607 0505, Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent and internier with an accept the obligations of Section 607 0505, Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent and agent and accept the obligations of Section 607 0505, Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent and agent and accept the obligations of Section 607 0505, Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent and accept the obligations of Sections Statement for the purpose of changing its registered agent and accept the obligations of Sections Statement for the purpose of changing its registered agent and accept the obligations of Sections Statement for the purpose of Control Statement for the opporations of the obligations of Sections Statement for the opporations are given to accept the obligations of Sections Statement for the opporations of Sections Statement for the opporations of S			arrant riogratorea Agent	81	Name	10, Name and Address of New Register	AD Agent
HANES CITY FL 33844 63 64 City							
Solid Soli				62	Street Addi	ress (P.O. Box Number is Not Acceptable)	
State Addition Street Address Street Address Addition Addi	j 774	MED CITT PL 33044		83			
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 suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent and manifer with, and accept the obligations of, section 607 0505, Florida Statutes SIGNATURE Signature, I sped or prentid name of registered agent and the Papthentol (NOTE Registered Agent algorithment agent) DATE				<u> </u>			
11. Pursuant to the provisions of Soctions 607 (502 and 607				84	City		85 Zip Code
agent lam familiar with color premise range agent and file of apprend familiar with color obligations of Socion 607 5505, Florida Statutes SIGNATURE Signature, based or premise name of registered apert and file of applicable (NOTE Registered Apert eliginature required when remarkating) DATE	11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508. Florida Statute	es, the above	e-named corr	poration submits this statement for the nurses	of changing its societoscal
SIGNATURE	l ource our	egi ster od agent, or both, in the :	state of Łiorida. Such change was a	uthorized by	/ the corporat	tion's board of directors. I hereby accept the a	ppointment as registered
Signature, lipsed by prelind name of registerical appert and life of Appertantal (NOTE: Registered Agent alignature, required where mentating) DATE	_	m rammar with, and decept the c	inganona or, bechort our toods, rad	nua Statutes	S.		
TITLE D DELETE 1.1 TITLE	SIGNATURE	Signature, typed or printed name of register	ed agers and title if applicable (NOTE	: Registered Age	ent signature requir	red when reinstating) DATE	
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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 for on an attachment with an address.

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111-412-520