**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$30802

1. Corporation Name

CHEN'S REALTY GROUP, INC.

Principal	Place	of	Business

2. Principal Place of Business

Mailing Address

5043 TIMOTHY LANE, #A1 JACKSONVILLE FL 32210

21

5043 TIMOTHY LANE. #A1 JACKSONVILLE FL 32210

2a. Mailing Address

26

## FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90020 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

02/05/1991 4. FEI Number

59-3049093

	Suite, Apt. #	Suite, Apt. #, etc.					5	. Certifcate of Status De	esired		•	<b>75</b> A	dditional uired	
22	City & State							. Election Campaign Fir	nancina		\$5	00.	May Be	
22	City & Clate	28					0	Trust Fund Contribution				ided to		
23	Zip	Countr		Zip	Cou	intry		- 8	. This corporation owes		rent vear Int	angible		
24	Zip	25	′	1 ·	30	,		"	Personal Property Tax		, ,	ŬYe		∃No
24		9. Name and Addre						10	, Name and Address		Registered	Agent		
		5. Haine and Addit	. <u></u>			81	Name							
MICHAEL JOAN O.						Ш								
669 KINGSLEY AVE.					82	Street Ad	dress (	P.O. Box Number is No	t Accept	able)				
ORANGE PARK FL 32073						83								
O'INMOE I MIN LE 05010				"										
						84	City				FL	85	Zip C	ode
L			_			<u> </u>				-			na ito i	rajetared
	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.													
SI	GNATURE ,	Signature, typed or printed name	e of registered agent and titl	e if applicable. (N	OTE: Registere	Agen	t signature requ	ired when	reinstating)		DATE			
12			FFICERS AND DIR		13.				ADDITIONS/CHANGES	s to o	FICERS AN	D DIR	ECTO	RS IN 12
TIT		DP		☐ DELETE	1.1 Ti	TLE							ange	Addition
NAJ	uF	CHEN, SHIRLEY			1.2 N	AME								
	REET ADDRESS	5043 TIMOTHY LN			138	TREET	ADDRESS							Ì
		ORANGE PARK FL			14.0	ITY-\$1	r. 7IP							
TIT	Y-ST-ZIP	OTOMOL TARRETE		☐ DELETE	2.1 T							Cr	ange	Addition
				-	2.2 N	AMF								
l	ME				1		ADDRESS							
	REET ADDRESS					S-YTK								
	Y-ST-ZIP			☐ DELETE	3.1 T		1-21					□ CI	ange	☐ Addition
	LE_				3.2 N								_	
NA	ì				1									
	REET ADDRESS						ADDRESS							
-	Y-ST-ZIP			☐ DELETE		TTY-S	T-ZIP					□ CI	ange	Addition
TIT	i			M DECEIE	4.1 T								gu	
NA	ME į				1	IAME								
\$T	REET ADDRESS				4.3 S	TREET	ADDRESS							
СІТ	Y-ST-ZIP					ITY-ST	T- ZIP					ΓŢCI		Addition
TIT	LE			☐ DELETE									lange	☐ Audition
NA	ME				5.2 N		į							
STI	REET ADDRESS				538	TREET	ADDRESS							
CIT	Y-ST-ZIP					ITY-S	r-ZIP			_				
TIT	VE	<u> </u>		☐ DELETE	6.1 T	ITLE						□ CI	ange	Addition
NA	ME				6.2 N	AME								
ST	REET ADDRESS				6.3 S	TREET	ADDRESS							
l	Y-ST-ZIP				6.4 0	ITY-S	T-ZIP							
CII	Y-ST-ZIP				0.40								<del>.</del>	formation

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. It 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR