FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthanii

Secretary of State DIVISION OF CORPORATIONS

1996

S41430 **DOCUMENT #**

(7)

LUCY HO'S BAMBOO GARDEN OF OCALA, INC.



Principal Place	of Business	Mailing Arldress	Mailing Address								
10026 Bunki Leesburg F		10026 Bunker Roai Leesburg FL 34788	-								
						3. Date Incorporated or Qualified 03/28/1991	3a. Date 05	of Last /01/1	•		
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number			Applied For		
21		26				59-3058489		•	Not Applicable		
Suite, Apt. #	#, etc	Suite, Apt. #, etc.	₁			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing Trust Fund Contribution		•	.00 May Be ded to Fees		
Ζφ 24	Country 25	Zip [29]	Country 30	7		This corporation has liability for in Florida Statutes	ritangible ta	under	s 199.032,		
<u>1</u> .	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered A	gent			
		ha	81	1	Name						
LAO, BO-YU 10026 BUNKER ROAD				1	Street Addre	dress (P.O. Box Number is Not Acceptable)					
	RG FL 34788		83	1							
			84	1 (City		FL	85	Zip Code		
SIGNATURE _	Signature, typed or printed harrie of registrated up n OFFICERS AN	Tand the displace (IIII)	Note Registral Age	u1 %	synative required	what recental suit ADDITIONS/CHANGES TO OFF	DATE	DIREC	TORS IN 12		
TITLE	DPT	DELETE	1 1 Trile		1	7,2,3,10,10,0,11,10,20,10,0,1		Chang			
NAME	ŁAO, BO-YU		1.2 NAME								
\$TREET ADDRESS	10026 BUNKER ROAD		13STEEF	I AC	DDRESS						
CITY-ST-ZIP	LEESBURG FL	DELETE	1.4 City	<u>S1 -</u>	ZIP						
TITLE	D	2 1 11/1.6] Chang	je 🗌 Addition			
NAME	LIAO, THOMAS N.		2.2 NAME								
STREET ADDRESS	108 LAKEVIEW DRIVE THOMASVILLE GA		2.3 STREE 2.4 City								
CITY - ST - ZIP THILE	DS DS	DELETE	3 1 1111.5		217] Chan	ge 🔲 Addition		
NAME	LIAO, MEI-CHI		3.2 NAME								
STREET ADDRESS	108 LAKEVILLE DRIVE		33 STREE	EL AI	400PESS						
CITY-ST-ZIP	THOMASVILLE GA		3.4 C(1Y)		· Zu:				- A 1 100		
TITLE		☐ DELETE	4 1 ToTLE				L.] Chan	ge		
NAME OXOGET ADDRESS			4.2 NAME 4.3 STREE		.Drogress						
STREET ADDRESS CITY-ST-ZIP			4.3 STREE								
Tillf		DELETE.	5 A THICE] Chan	ge Addition		
NAME			5.2 NAME								
STREET ADDRESS			5.3 STALL	ΞA.	DORESS						
CITY - ST - ZIP			5.4 CITY -		- ZIP			3.00	—		
TITLE		☐ DELETE	6 1 TUTLE] Chan	ge 🔲 Addition		
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREE								
CHY-ST-ZIP	cartify that the information supplied	with this films is voluntarily for	6 4 City -			or the exemption stated in Section 119	.07(3)(k). Flo	nda St	atutes Lifurther		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armual 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