

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

FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S61939 (2)

1. Corporation Name  
CHINESE KITCHEN AND FINE FOOD, INC.

Principal Place of Business  
4901 PALM BEACH BLVD.  
SUITES 4 & 5  
FT. MYERS FL 33905

Mailing Address  
4901 PALM BEACH BLVD.  
SUITES 4 & 5  
FT. MYERS FL 33905-3252

3. Date Incorporated or Qualified  
06/25/1991  
3a. Date of Last Report  
03/13/1996  
4. FEI Number  
65-0285518  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMUNNI, STEVEN A.  
150 SOUTH MAIN ST.  
LABELLE FL 33935

81 Name  
KAI FU CHOW  
82 Street Address (P.O. Box Number is Not Acceptable)  
217 MORSE PLAZA  
83  
84 City  
FORT MYERS, FL 85 Zip Code  
33905

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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	DS	<input checked="" type="checkbox"/> DELETE
NAME	WEI, ON-PING	
STREET ADDRESS	217 MORSE PLAZA	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WONG, SEK-YEE	
STREET ADDRESS	217 MORSE PLAZA	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CHOW, KAM-CHIU	
STREET ADDRESS	4901 PALM BEACH BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CHOW, CHUN-YEE	
STREET ADDRESS	4901 PALM BEACH BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: KAM CHIU CHOW PRESIDENT  
Kam Chiu Chow President

3/11/97

(941) 694-1599

0406272

CR2E034 (9/96)