

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S67014** (8)

1. Corporation Name  
**PAN ASIA LYCHEE CO., INC.**



Principal Place of Business: **3605 FOWLER ST. FT. MYERS FL 33901**  
Mailing Address: **3605 FOWLER ST. FT. MYERS FL 33901**

3. Date Incorporated or Qualified: **07/15/1991**  
3a. Date of Last Report: **03/23/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number <b>65-0342533</b>	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**YAU, JOHNNY  
3605 FOWLER STREET  
FT. MYERS FL 33901**

**10. Name and Address of New Registered Agent**

81	Name
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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YAU, JOHNNY</b>	1.2 NAME	
STREET ADDRESS	<b>3605 FOWLER ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAM, MEI LAI</b>	2.2 NAME	
STREET ADDRESS	<b>3605 FOWLER ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MYERS FL 33901</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YAU, LINDA</b>	3.2 NAME	
STREET ADDRESS	<b>3605 FOWLER ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MYERS FL 33901</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAM, WAI SING</b>	4.2 NAME	
STREET ADDRESS	<b>3605 FOWLER ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MYERS FL 33901</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

278  
941-561-0006

CR2E034 (12/95)