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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	ANNUAL REPORT Secret			I. Mortham ry of State CORPORATIONS		Secretary of State
	MENT # SE SIA LYCHEE CO., I	67014 Inc.	(8)			
Principal Plac	e of Business	Mailing A	Address			1 Sabahara 218 arah kabir bahar aldir dibir
3605 FOWLER ST. 3605 FOWLER ST.						
FT. MYERS F			RS FL 33901			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2. Principal P	Place of Business	2a, Mailir	g Address	·		07/15/1991 4. FEI Number Applied For
21		26				65-0342533 Not Applicable
Suite, Apt.	#, 9 IC.	Suite 27	Apt. #, etc.			5. Certificate of Status Desired
City & Stat	le	├ `	State			6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 Zip		Cour	ntru .	Trust Fund Contribution
24	25	29		30	шу	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
871		s of Current Registered	Agent	100		10. Name and Address of New Registered Agent
YA	U, J OHNNY				81 Name	
3805 FOWLER STREET					82 Street Ad	Address (P.O. Box Number is Not Acceptable)
FT. MYERS FL 33901						
					83	
	•			ŀ	B4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Section	ons 607 0502 and 607 150	8. Florida Statut	es the ab	ove-named o	
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	Signature, typed or printed name of	of registered againt and fille if applica	tble (NO)	F Registered	Agent signature te	required when reinstaling) DATE
12.		FICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.5 (17)	LE	Change Addition
NAME	YAU, JOHNNY			1.2 NA	ME	
STREET ADDRESS	3605 FOWLER ST.			- 1	EET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL		DELETE		Y-ST-ZIP	Change Addition
TITLE NAME	LAM, MEI LAI		J. O. C. C.	2 1 TITU 2.2 NA		Citanyo Ci Addition
STREET ADDRESS	3605 FOWLER ST.				REET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 339	01			Y-ST-ZIP	
TITLE	D		DÉLETE	3.1 TITE		☐ Change ☐ Addition
NAME	YAU, LINDA			3.2 NAM	ME	· ·
STREET ADDRESS	3605 FOWLER ST.	•4			EET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 3390	01	DELETE		Y-ST-ZIP	
TITLE NAME	D L a m, waising		DELETE	4.1 1111		☐ Change ☐ Addition
STREET ADDRESS	3605 FOWLER ST.			4, 2 NA	EET ADDRESS	•
CITY-ST-ZIP	FT. MYERS FL 3390	01			Y-SI-ZIP	
TITLE	7 7	<u></u>	DELETE	5.1 TITL		☐ Change ☐ Addition
NAME				5.2 NAM	AE .	j
STREET ADDRESS				5.3 STR	EET ADDRESS	
CITY-ST-ZIP					r-ST-ZIP	
TITLE			DELETE	6.1 TITL)	Change Addition
NAME OTRECT APPROPRIE				6.2 NAM	ì	
STREET ADDRESS					EET ADDRESS	;

14. Thereby 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 eath; 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.

FILED

May 01 1998 8:00am