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Apr 27, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S67014

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **6581 IDLEWILD ST.**
Suite, Apt. #, etc.

22

23 **FT. MYERS, FL.**
City & State

24 **33912** 25 **U.S.A.**
Zip Country

2a. Mailing Address

26 **6581 IDLEWILD ST.**
Suite, Apt. #, etc.

27

28 **FT. MYERS, FL.**
City & State

29 **33912** 30 **U.S.A.**
Zip Country

3. Date Incorporated or Qualified
07/15/1991

4. FEI Number
65-0342533

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ 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 **6581 IDLEWILD ST.**
Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FT. MYERS** FL. 85 Zip Code **33912**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **YAU, JOHNNY**
STREET ADDRESS: **3605 FOWLER ST.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☐ DELETE
NAME **YAU, LINDA**
STREET ADDRESS: **3605 FOWLER ST.**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **6581 IDLEWILD ST.**
1.4 CITY-ST-ZIP **FT. MYERS, FL. 33912**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **6581 IDLEWILD ST.**
2.4 CITY-ST-ZIP **FT. MYERS, FL. 33912**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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. 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 307, 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:

Linda Yau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

941-278-0715
Telephone Phone #

CR2E034 (1/1/98)