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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FORTUNE COOKIE OF PALM BEACH, INC.

B:	
Principal Place of Business	Mailing Address
2700 FOREST HILL BLVD	2700 FOREST HILL BLVD
WEST PALM BEACH FL 33406	WEST PALM BEACH FL 33406
ن	

FILED Mar 11 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0279993 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHIANG, DAVID 2700 FOREST HILL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33406 83 84 Zip Code 11. Pursuant to the provisions office or registered agent, agent. I am familiar with and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Ligida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ons bf, Station 607,0505, Florida Statutes. M Sections 607 0502 both, in the State SIGNATURE (NOTE: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE Change Addition TITLE 1.1 TITLE CHIANG, DAVID 1.2 NAME NAME CR2E034 2700 FOREST HILL BLVD STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE CHIANG, DONA NAME 2700 FOREST HILL BLVD STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - \$1 - ZIP DELETE TITLE Addition 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition THTLE 5.1 TITLE Change 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 5000024548 19 ange -03/12/98--01014--023 TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00

14. Thereby certify that the information supplied with this filling 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 corpection 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

SIGNATURE

561-4-33-5818