FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 02 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S84636 (7)

1. Corporation Name
TODAY'S TRAVEL, INC.

Principal Place of Business
4421 BAYOU BLVD
PENSACOLA FL 32503
US

Mailing Address
4421 BAYOU BLVD
PENSACOLA FL 32503
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3085853 ☐ 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

9. Name and Address of Current Registered Agent

STUART DW MOORE
4421 BAYON BOULEVARD
PENSACOLA FL 32503

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOORE, STUART
STREET ADDRESS	4421 BAYON BLVD
CITY-ST-ZIP	PENSACOLA FL
TITLE	S
NAME	MOORE, SHERYL
STREET ADDRESS	4421 BAYOU BLVD
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE	CHANGE TO:	☐ Change ☐ Addition
1 NAME	4421 BAYOU BLVD	
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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)(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 Date
(904) 478-6250 Daytime Phone #

0386763 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # S84981 (7)

CAMPBELL & MURRAY, P.A.

Principal Place of Business: 3953 S US 1 STE C, FT. PIERCE FL 34982

Mailing Address: 3953 S US 1 STE C, FT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1991

3a. Date of Last Report: 06/15/1994

4. FEI Number: 65-0282684 — 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 Florida Statutes. Yes [ ] No [X]

2. Street Address: 21 406 N. Second St.
22 Suite, Apt # etc.
23 City & State: Ft. Pierce FL
24 Zip: 34950 25 County: St. Lucie

2a. Mailing Address: 26 406 N. Second St.
27 Suite, Apt # etc.
28 City & State: Ft. Pierce FL
29 Zip: 34950 30 County: St. Lucie

9. Name and Address of Current Registered Agent

MURRAY, SEAN M.
3953 SOUTH U.S. HIGHWAY, #1
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 406 N. Second St.
83
84 City: Ft. Pierce 85 FL Zip Code: 34950

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] Sean M. Murray 5/18/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMPBELL, THOMAS L
STREET ADDRESS	3953S. U.S. HIGHWAY, 1
CITY-ST-ZIP	FT. PIERE FL
TITLE	D
NAME	MURRAY, SEAN M.
STREET ADDRESS	3953 S. U.S. HIGHWAY, 1
CITY-ST-ZIP	FT. PIERCE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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)(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: [signature] Thomas L. Campbell 5/18/95 407 467 1603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0379660 CP

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # **S86473** **(3)**

1. Corporate Name
CHINA JADE BUFFET, INC.

Principal Place of Business
220 N. ORLANDO AVENUE
MAITLAND FL 32751

Mailing Address
220 N. ORLANDO AVENUE
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1991**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-3085808** [ ] 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		26	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

9. Name and Address of Current Registered Agent

PHAN, HUE NGUYEN
~~220 ORANGE AVENUE~~
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 220 N. ORLANDO AVE
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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHAN, HUE NGUYEN
STREET ADDRESS	1739 LAKE BERRY DRIVE
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	D
NAME	PHAN, KHAI HUE
STREET ADDRESS	1739 LAKE BERRY DRIVE
CITY-ST-ZIP	WINTER PARK FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank)

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(1)(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: Hue N Phan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HUE NGUYEN PHAN

0042021 CP