03-31-1999 90041 042 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	MENI # V10237	!						
•	NG HEE, INC.							
7.2								(1) 6) 1) 11 11 7) 1) 13 1
Principal Place	of Business	Mailing Add	ress		_		(811 81811 8181) BIBII 8	(At) bibit fâăt
4834 US HWY 19 4834 US HWY 19								
NEW PT RICHEY FL 34652 NEW PT RICHEY FL 34652						DO NOT WRITE IN 1	HIS SPACE	
US US						3. Date Incorporated or Qualifed		
						01/30/1992		
2 Principal Pl	ace of Business	2a. Mailing /	Address			4. FEI Number	Apr	plied For
21	acc of Basinoss	26				59-3105109	No	t Applicable
Suite, Apt.	#, etc.		ot. #, etc.				\$8.75 A	dditional
22	بياده والالموسك فالمستحاسك	27			: < - =	5. Certificate of Status Desired Fee Required Fee Required		
			City & State			6. Election Campaign Financing	\$5.00	Мау Ве
23	28					Trust Fund Contribution	Added to	o Fees
Zip				Country	•	8. This corporation owes the current year		
24	25	29	30	<u> </u>		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Ag	ent	81		10. Name and Address of New Registe	rea Agent	
CAD	TED DAVID D			°'	Name			
CARTER, DAVID R. 7419 U.S. HIGHWAY 19			82	Street Add	ress (P.O. Box Number is Not Acceptable)		_	
NEW PORT RICHEY FL 34652			100	 				
·····				83				Į.
				84	City		FL 85 Zip C	Code
11 Dureuant	to the provisions of Sections 607 050	2 and 607 1508	Florida Statutes.	the abov	L e-named con	poration submits this statement for the purpos	e of changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such d	change was author	orizea dv	the corporati	ion's board of directors. I hereby accept the a	ppointment as reg	gistered
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age		(NOTE: Re	_	nt signature requir	ed when reinstating) DAT		50.151.40
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER	Change	Addition
Tffle .	DPT		DELETE	1.1 TITLE			□ Change	L Addition
NAME .	CHAN, YU YEUNG			1.2 NAME)
STREET ADDRESS	4834 US HWY 19				TADDRESS			Į
CITY-ST-ZIP	NEW PT RICHEY FL			1.4 CITY-5	T-ZIP		Change	Addition
TITLE	_			2.1 TITLE			Change	
NAME	CHAN, MEE HAR			2.2 NAME				
STREET ADDRESS	1007.001.1111.10				TADDRESS			į
CITY-ST-ZIP	NEW PT RICHEY FL		DELETE	2.4 CITY-1	ST-ZIP		☐ Change	Addition
TITLE		l	□ PEFE1E	3.1 TITLE	ļ		C Ondrige	
NAME				3.2 NAME				ļ
STREET ADDRESS					T ADDRESS			,
CITY-ST-ZIP			DELETE	3.4. CITY-: 4.1 TITLE	SI-ZIP		☐ Change	☐ Addition
TITLE		•	L. J.L., L	4.2 NAME				
NAME				l .				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CITY-S 5.1 TITLE	11-217		☐ Change	Addition
				5.2 NAME			_ 5-	_
NAME	•				TADORESS			ļ
STREET ADDRESS				5.4 CITY-S	4			1
CITY-ST-ZIP TITLE	<u> </u>		☐ DELETE	6.1 TITLE			☐ Change	Addition

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 607, 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS