FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** May 26 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2)YINGS CHINEE TAKEE OUTEE #888. INC. Principal Place of Business Mailing Address 5504 UNIVERSITY BLVD.. WEST JACKSONVILLE FL 32218 P.O. BOX 16952 JACKSONVILLE FL 32245-6952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/15/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied F 275507 University Bludues 59-3121855 Not Appl∗ Suite, Apt. #, etc. \$8.75 Addition 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the content year intangible 24 25 ☐ No 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 6504 UNIVERSITY BLVD W. Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32216 83 84 City 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 regist 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 registe 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Ac YING, MATTHEW NAME 1.2 NAME 5501 UNIVERSITY BLVD W 5507 university Blud.W STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE YING_GORETTI HALIE 2.2 NAME 5507 university, Bud. W. 550 UNIVERSITY BLVD W STREET ADDRESS 2.3 STREET ADDRESS Jacksonville fl CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ΠÃ HALLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change NAME 600002535916 4. 2 NAME STREET ADDRESS -05/27/98--01007--029 4.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE 5.1 TITLE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 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 frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 attechment with an address.

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE

TITLE

STREET ADDRESS

City-St-2iP

Jamasthy ying

4-29-98

904-732-4400