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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V50568

(7)

LAM'S (H.K.) AUTO REPAIR, INC.

	_	FILEL)
Feb	13	1998	8:00am
Se	cre	tary o	of State



	<u> </u>			
Principal Place of Business	Mailing Address			
4380 N.W. 31 AVE 4380 N.W. 31 AVE. OAKLAND PARK FL 33309 OAKLAND PARK FL 33309				
CARLAND FANK FE 33309	ORKERNU PARK	rt 33309	DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualified	
			07/13/1992	
2. Principal Place of Business	2a. Mailing Addre	SS	4. FEI Number	Applied For
21	26		65-0349299	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, e	etc.	5. Certificate of Status Desired	\$8.75 Additional
22	[27]			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28 Country 7 φ	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible X Yes No
	Address of Current Registered Agent		10. Name and Address of New Registere	
LAM, KAI CHIT		81 Name		
11542 NW 4 MAN	OR	82 Street	Address (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS		5.166L/	ndurioss (1.10. dox number is not Acceptable)	
		83		
		84 City		. 85 Zip Code
			F	L
11. Pursuant to the provisions of the or registered agent.	of Sections 607.0502 and 607.1508, Florida or both, in the State of Florida, Such change	Statutes, the above-named	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	of changing its registered
agent. I am familiar with, ar	id accept the obligations of Section 607.0	505, Florida Statutes.	poration's board or directors. Thereby accept the a	ppontment as registered
SIGNATURE				
Signature Typed or pos-	OFFICERS AND DIRECTORS	(NOTE Ringistered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE P	DELI DELI		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME LAM, KAI CH	-	1.2 NAME		
STREET ADDRESS 11542 NW 4		1.3 STREET ADDRESS		
	INGS FL 33071	1.4 CITY - ST - ZIP		
TITLE	DELI			Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE	☐ D€£I	ETE 31 TIFLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP	77-77-V	
TITLE	□ DELI			Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELE	4.4 CITY - \$1 - ZIP FTE 5.1 TITLE	***************************************	Change Addition
NAME	bitt			Change Addition
STREET ADDRESS		5.2 NAME		
		5.3 STREET ADDRESS		
CITY-SI-ZIP TITLE	DELE	5.4 C(TY - ST - ZIP ETE 6.1 TITLE		Change Addition
NAME		6.2 NAME		THE CHRONICOL
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP				
14. I hereby certify that the infor	matery prepared with the files does not a	64 CITY-ST-ZIP	d in Section 110 07(2)(i) Florida Statutas I further	

receive come manner information supplied with this titing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this armual report or supplicipant annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustice 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.

Kai Chit Lam

2 - P - P + (954)739 - 9898