

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V51344 (2)

1. Corporation Name

TOM CHINESE RESTAURANT, INC.



Principal Place of Business

222 1/2 N. NOVA RD  
ORMOND BEACH FL 32174

Mailing Address

222 1/2 N. NOVA RD  
ORMOND BEACH FL 32174

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

07/16/1992

3a. Date of Last Report

04/24/1995

4. FEI Number

59-3134637

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

WONG, THOMAS  
51 BAY HARBOR DR  
PONCE INLET FL 32119

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

Signature, typed or printed name of registered agent and the Florida State Department of State

(If FEI, Registered Agent Signature, typed or printed name, and address)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME WONG, THOMAS  
STREET ADDRESS 51 BAY HARBOUR DR  
CITY - ST - ZIP PONCE INLET 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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

2. TITLE  
2. NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3. TITLE  
3. NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4. TITLE  
4. NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5. TITLE  
5. NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6. TITLE  
6. NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Wong

4/19/96

904-676-9383

Deputy Phone #

CR2E034 (12/95)