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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90053 028 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V54117**

1. Corporation Name

MEI'S RESTAURANTS, INC.

Principal Place	or pusitiess	Walling Addiess							
7100 FAIRWAY I	DRIVE	7100 FAIRWAY DR							
SUITE 34		SUITE 34			DA MOT MOUTE IN THIS ODAGE				
PALM BEACH GARDENS FL 33418 US		PALM BEACH GARDENS FL 33418			DO NOT WRITE IN THIS SPACE				
US		US	us			3. Date Incorporated or Qualifed			
					07/30/1992				
2 Principal Pla	ace of Rusiness	2a. Mailing Address			4. FEI Number		Apı	plied For	
2. Principal Place of Business		—	26				·No	t Applicable	
		Suite, Apt. #, etc.			65-0365824		\$8.75 A		
Suite, Apt.#	#, etc.			سياشها شا	- 5. Certifcate of Status Desired	🗆	Fee Re		
22		27			<u> </u>			· 	
City & State	0	City & State			6. Election Campaign Financin	g 🗆	\$5.00		
23		28			Trust Fund Contribution		Added t	o.Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the co	rrent year Inta	ingible		
24	25	29	30		Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren				10. Name and Address of Nev	Registered A	Agent		
	V. AND TO			31 Name		<u> </u>			
MEL	RONG FENG					<u> </u>			
4607	BRADY LANE		[a	32 Street Add	ress (P.O. Box Number is Not Acce	ptable)			
4027	DRAUT LANE		L		the state of the s	ان الله الله الله الله الله الله الله ال	9 4 . 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5 .	10.1. 1. 11. 12. 12. 12. 12. 12. 12. 12. 1	
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]1	B4 City		FI	85 Zip (2000	
	60 607.050	0 507 4509 Flerido Stat	uton the ob	ove pamed corr	poration submits this statement for t	he purpose of	changing its	registered	
	to the provisions of Sections 607.000.	of Florida: Such change was	authorized	by the comorati	on's board of directors. I hereby ac	cept the appoir	ntment as re	gistered	
11. Pursuant				by the corporati					
11. Pursuant office or reagent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, F	lorida Statut	es.					
11. Pursuant I office or re agent. I ar	to the provisions of Sections 607.050: egistered agent, or both, in the State on familiar with, and accept the obligat	tions of, Section 607.0505, F	lorida Statut	es.					
SIGNATURE	m familiar with, and accept the obligat	š •			ed when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered agen	š •				DATE	D DIRECTO	RS IN 12	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	TE: Registered A	gent signature require	ed when reinstating)	DATE			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AN	nt and title if applicable. (NO	TÉ: Registered A	gent signature require	ed when reinstating) ADDITIONS/CHANGES TO (DATE	D DIRECTO	RS IN 12	
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6.4 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 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 or man attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP