FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra BaMorthafi

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N9600000066 (8)

WU GO	ONG CO.	,			
Principal Place	of Business	Mailing Address		{	1811 1 19 11 1 08 1 1 08 1 1 0 81 1 0 71 4 0 71 4 0 7 1 108
		2440 STATE ROAD 580 CLEARWATER FL 34621-2900			
				3. Date Incorporated or Qualified 12/29/1995	3a. Date of Last Report 05/01/1996
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3351826	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		8 Startin Committee Starting	Fee Required
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for in	
24	25	29 30	7 ·		Yes No
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Reg	
			81 Name		
SCRIMA	. NICK		62 Street Addr	ess (P.O. Box Number is Not Acceptabl	(0)
2440 STATE ROAD 580			July Street Addr	ess (F.O. Box Multiper is Not Acceptable	e)
	VATER FL 34621		83		
			84 City		as Zin Codo
		•	84 City		FL 85 Zip Code
11. Pursuant i office or re agent. I a	o the provisions of Sections 617.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	and 617.1508, Florida Statutes, of Florida. Such change was auth ions of, Section 617.0503, Florid	the above-named corp norized by the corporat a Statutes.	poration submits this statement for the pulion's board of directors. I hereby accept	rpose of changing its registered t the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered egen OFFICERS AND		egistered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND DIDECTORS IN 12
TITLE	TSD	DELETE		SD	Change Addition
NAME	ROSENTHAL, FRANCINE	Z ocialic			Colorida Colorida
STREET ADDRESS	2007 MONTEGO COURT		1.3 STREET ADDRESS	onna Boschelli	
CITY-ST-ZIP	OLDSMAR FL 34677	:	1.4 CITY-ST-ZIP	147 Eisenhowee Do.	•
TITLE	V/D	☐ DELETE	2.1 TITLE	many, 12 31611	☐ Change ☐ Addition
NAME	PERKINS, SHARON	_	2.2 NAME		
STREET ADDRESS	951 WICKS DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 94664		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	SCRIMA, NICK		3.2 NAME		
STREET ADDRESS	2440 STATE ROAD 580 #3		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		3.4. CITY-ST-ZIP		
TITLE		☐ DEL€TE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		····	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP			5.4 CITY-ST-ZIP		
TITLE :	•	☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Jun 11 1997 8:00am

Secretary of State