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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90224 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000036197**

1. Corporation Name
W SQUARED, INC.

Principal Place of Business Mailing Address
23407 WATER CIRCLE BOCA RATON FL 33486



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/22/1998

4. FEI Number
65-0830495

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **4801 LINTON BLVD.** 26 **4801 LINTON BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Suite #5B** 27 **SUITE #5B**
 City & State City & State
 23 **DELRAY BEACH FL.** 28 **DELRAY BEACH FL.**
 Zip Country Zip Country
 24 **33445** 25 **PALM BEACH** 29 **33445** 30 **PALM BEACH**

9. Name and Address of Current Registered Agent
SCHONE, LARRY
23407 WATER CIRCLE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
 81 Name **CHANG, WEI-SHIN**
 82 Street Address (P.O. Box Number is Not Acceptable)
23407 WATER CIRCLE
 83
 84 City **BOCA RATON** FL 85 Zip Code **33486**

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 *Wei-Shin Chang* DATE **3/29/99**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CHANG, WEI-SHIN	
STREET ADDRESS	23407 WATER CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	HO, WEN KAI	
STREET ADDRESS	23407 WATER CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHANG, PEI-LING	
1.3 STREET ADDRESS	23407 WATER CIRCLE	
1.4 CITY-ST-ZIP	BOCA RATON FL 33486	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Wei-Shin Chang* **WEI-SHIN CHANG, DP** DATE **3-10-99** DAYTIME PHONE # **561-637-0011**

CR2E034 (1/198)