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FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S49967 (0)

1. Corporation Name  
TPS WU, INCORPORATED

Principal Place of Business

% NETSCH & ASSOCIATES CPA, PA  
9800 HEALTHPARK CIRCLE SUITE 410  
FT MYERS FL 33908

Mailing Address

% NETSCH & ASSOCIATES CPA, PA  
9800 HEALTHPARK CIRCLE SUITE 410  
FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/06/1991

4. FEI Number 65-0305361  
Applied For ☐  
Not Applicable ☐

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21. Associates, CPA, PA  
Suite, Apt. #, etc.  
22. 9800 S. HealthPark Dr. #410  
City & State  
23. Fort Myers, Florida  
Zip Country  
24. 33908 25.

2a. Mailing Address  
26. Same  
Suite, Apt. #, etc.  
27.  
City & State  
28.  
Zip Country  
29. 30.

9. Name and Address of Current Registered Agent

WHITNEY, JAMES W  
3045 ESTERO BLVD.  
SUITE 434  
FT. MYERS BCH FL 33931

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PO	SHUI KWAI LAW, TERESA	2471 AVONGATE DRIVE	MISSISSAUGA, ONT CAN	<input type="checkbox"/>
VO	NGAN PENG WU, SALLY	2471 AVONGATE DRIVE	MISSISSAUGA, ONT CAN	<input type="checkbox"/>
STD	LAI TAK WU, PETER	2471 AVONGATE DRIVE	MISSISSAUGA, ONT CAN	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: Peter Lai Tak Wu

Mar 13, 1998

CR2E034 (10/97)