

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 582403 (2)**  
1. Corporation Name  
**WEN CHUNG, INC.**



Principal Place of Business: **1247 SEA PLUME WAY SARASOTA FL 34242**  
Mailing Address: **1247 SEA PLUME WAY SARASOTA FL 34242**

21. Principal Place of Business	22. Mailing Address
<b>4924 FRUITVILLE RD</b> Suite, Apt. #, etc.	<b>4924 FRUITVILLE RD</b> Suite, Apt. #, etc.
22. City & State	27. City & State
<b>SARASOTA, FLORIDA</b>	<b>SARASOTA, FLORIDA</b>
23. Zip	28. Zip
<b>34232</b>	<b>34232</b>
24. Country	29. Country
<b>USA</b>	<b>USA</b>

3. Date Incorporated or Qualified <b>08/16/1978</b>	3a. Date of Last Report <b>03/15/1995</b>
4. FEI Number <b>59-1845614</b>	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CHUNG, WEN**  
**1247 SEA PLUME WAY**  
**SARASOTA FL 34242**

**10. Name and Address of New Registered Agent**

81. Name	<b>CHUNG, WEN Y</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>4924 FRUITVILLE RD</b>
83. City	<b>SARASOTA</b>
84. State	<b>FL</b>
85. Zip Code	<b>34232</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

**SIGNATURE**

Signature of Registered Agent (Current) \_\_\_\_\_ Title of Registered Agent (Current) \_\_\_\_\_  
Signature of Registered Agent (New) \_\_\_\_\_ Title of Registered Agent (New) \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHUNG, WEN</b>	
STREET ADDRESS	<b>1247 SEA PLUME WAY</b>	
CITY, ST, ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** \_\_\_\_\_ **WEN Y. CHUNG 3/16/96 (981) 379-3300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)