FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Sandra B. Mortham

(3)

FILED May 14 1997 8:00am Secretary of State

TONG ENTERPRISES, INC. Principal Place of Business Mailing Address 4002 W VINE STREET KISSIMMEE FL 34741 KISSIMMEE FL 34741 4831					3. Date Incorporated or Qualified 3a. Date of Last Report			
					 Date incorporated or Qualified 12/27/1979 	05/01/		lepori
<u> </u>	pal Place of Business 2a. Mailing Address				4. FEI Number	1 00,00,		oplied For
21		26			59-2094034			ot Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		•	Additional equired
City & State City & State					6. Election Campaign Financing		\$5.00	May Be
28					Trust Fund Contribution			to Fees
Zip	Country 25	Zip	Counti	ry	This corporation has liability for Florida Statutes	rin(angible ta: Yes		. 199.032,
24	9. Name and Address of Curre		30]		10, Name and Address of New R			_,
TON	IG, RONALD K. T.		8	1 Name		<u> </u>		
4002 W VINE ST			8:	2 Street Add	dress (P.O. Box Number is Not Accepta	able)		
KISS	SIMMEE FL 34741		_	<u> </u>				
}			8	3				
1			8-	4 City		FL	85 Zip	Code
11. Pursuant office or agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was at gations of, Section 607.0505, Flor	uthorized b rida Statute	oy the corpora	poration submits this statement for the atlion's board of directors. I hereby acce	opt the appoin	anging it tment as	ts registered registered
12.	Signature, typed or printed name of registered a	gent and title if applicable (NOTE ND DIRLCTORS	: Registered A	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND D	IBECTOE	3S IN 12
TITLE	PO	DELETE	1.1 TRE		NODITIONS/OFFIANGED TO CITT		Change	Addition
NAME	TONG, RONALD K. T.		12 NAME					
STREET ADDRESS	2610 FLORENCE DR		1.3 STREE	ET ADDRÉSS				
CITY-ST-ZIP	KISSIMMEE FL		1.4 C(1Y-					
TITLE	TONG, FAY J.	☐ DELETE	2.1 TITLE	ì		<u></u>	Change	Addition
NAME STREET ADDRESS	2610 FLORENCE DR		2.2 NAME	ET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL		2 4 CITY					
TITLE		DLLETE	3.1 Till E				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STHE	FT ADDRESS				
CITY-ST-ZIP		TT AFFERE	3.4. C(1)				I Oha	A zane.
TITLE		☐ DELETE	4.1 7(1) F	1		Ļ	Change	Addition
STREET ADDRESS			4.2 NAM	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 \$1RE	et address				
CITY-ST-ZIP	<u> </u>	T or exc	5.4 CITY				1 61 -	177,765
TITLE		DELETE	6.1 7171 E			L) Change	Addition
NAME STREET ADDRESS			6.2 NAME	}				
CITY-ST-ZIP			6.4 CITY	ET ADDRESS ST-7/P				
	<u> </u>		VIT VITE					

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appear with an address.