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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # F5  1. Corporation Name  ASIA WICKER, LTD., INC.	2746 (7)
Principal Place of Business	Mailing Address
2201 N. ANDREWS AVE. EXT. SUITE 104 POMPANO BEACH FL 33061 US	P.O. BOX 1719 POMPANO BEACH FL 33061 US
Principal Place of Business     The Principal Place of Business     The Principal Place of Business	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27

	POMPANO BEACH FL 33061 US		US				3.	Date Incorporated or Qualified 11/05/1981	3a. Date		st Report 5/1995
2.	Principal Place of Business	2a 26	. Mailing Address				4.	FEt Number 59-2160910		-	Applied For Not Applicable
2	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired			.75 Additional ee Required
3	City & State	28	City & State				6.	Election Campaign Financing Trust Fund Contribution			5.00 May Be dded to Fees
4	Zip Country <b>25</b>	29	Zip	30 Cou	ntry		8.	This corporation has liability for Florida Statutes Yes	intangible tax	unde	ers 199.032,
	<ol><li>Name and Address of Curren</li></ol>	Regi	stered Agent				10.	Name and Address of New R	egistered A	gent	
	BERNSTEIN, JOSEPH, L 2400 E. COMMERCIAL BLVD.				81 82		is (P.	.O. Box Number is Not Acceptab	ile)		
	SUITE 720 FT LAUDERDALE FL 33308				83						
	TI ENODERIDALE I E 00000				84	City			FL	85	Zip Code
11	<ul> <li>Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Section</li> </ul>	la. Suc	h change was authorize	s, the abo d by the c	ve-r corp	amed corporat oration's board	ion s of di	submits this statement for the pur irectors. I hereby accept the app	pose of char ointment as r	iging egisti	its registered office ered agent. I am
SIC	GNATURE					در ده ده ره					
	Signature typed or printed name of registered agent				Agen	t signature required v	vi an re		DATE		
12	. OFFICERS AND	DIRE	CTORS	13.				ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRE	CTORS IN 12

12.	OFFICERS AND DIRECTOR	RS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTS	DELETE	1. 1 TITLE	Change Addition
NAME	florkoski, edward s., Jr		1.2 NAME	
STREET ADDRESS	2201 N. ANDREWS AVE., EXT. 104		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY - ST - ZIP	
TITLE		DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY - ST - ZIP	
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4 C)TY - ST - ZIP	
THLE		DELF TE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
DITY - ST - ZIP			4.4 City - St - Zip	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREFT ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
THILE		☐ DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY CT 710			6 A C/TV   \$1, 7/0	

CITY-S1-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 of 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 of an attachment with an address.

SIGNATURE: &

SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR S. FLORKOSKI, TR. 4/12/96 973-9229