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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H20805**

1. Corporation Name

WONGCO INVESTMENTS, INC.

May 08, 1999 8:00 am Secretary of State

05-08-1999 90089 017 ***150.00



Principal Place of Business Mailing Address POST OFFICE BOX 8759 POMPANO FL 33075 POMPANO FL 33075 Mailing Address POST OFFICE BOX 8759 POMPANO FL 33075						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
· · · · · · · · · · · · · · · · · ·	15	2a. Mailing Address				09/10/1984 4. FEI Number Applied For
						65-0219261 Not Applicable
21 . 25						\$8.75 Additional
27						Fee Required
City & State City & State						6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zíp Country		Zip				8. This corporation owes the current year Intangible
24	25	29 3	0			Personal Property Tax. Yes No
	9. Name and Address of Current	t Registered Agent		ا ا		10. Name and Address of New Registered Agent
CHOY, W 9066 W ATLANTIC BLVD SUITE #416			8		Name Street Addres	ss (P.O. Box Number is Not Acceptable)
			8	3	"	
POM	PANO BEACH FL 33071		8	4	City	FL 85 Zip Code
agent. I ar	agistered agent, or both, in the State on familiar with, and accept the obligate agent states of registered agent states of registered agent states of registered agent states	ions of, Section 607.0505, Florid	ia Statute	3S.	signature required v	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	1.1 TITLE		Change Addition
NAME	CHOY, WONG		1.2 NAME	E		
STREET ADDRESS	9066 W ATLANTIC BLVD #416				DDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33071	DELETE	1.4 CITY-S' 2.1 TITLE		ZIP	☐ Change ☐ Addition
TITLE	ST CHOY. SAN MUI		2.2 NAME			_ v _
NAME STREET ADDRESS	9066-W ATLANTIC BLVD		2.3 STREET		DDRESS	
CITY-ST-ZIP			2 4 CITY	/-ST-	ZIP	
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM			
STREET ADDRESS			3.3 STRE			
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE		ZIP	☐ Change ☐ Addition
TITLE			4.1 IIILE			
NAME STREET ADDRESS			4.3 STRE		DORESS	
CITY-ST-ZIP			4.4 CITY-			
TITLE	DELETE 5.1		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS			1		DDRESS	
CITY-ST-ZIP		F) perese	5.4 CITY		ZIP	☐ Change ☐ Addition
TITLE		☐ DELETÉ	6.1 TITLE			Cisange Addition
NAME CTOCCT ADODCCO					DDRESS	

CITY-ST-ZIP by does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the same legal effect as if made under oath; that I am an use empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this indicated on this annual report or supplemental annu officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attachment. ess, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CHARED

CHOY, WONG 4/29/99 (954)752-2393