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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Katherine Harris

DOCUMENT # H63515 (1)

1. Corporation Name

WAI SHING, INC

2. Principal Place of Business

Principal Place of Business c/o SHING YIM 3105 W BROWARD BLVD FORT LAUDERDALE, FL 33312

Mailing Address c/o SHING YIM 3105 W BROWARD BLVD FORT LAUDERDALE, FL 33312

2a. Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90071 046 ***150.00

DO NOT	WRITE II	N THIS	SPACE
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Applied For

3. Date Incorporated or Qualifed

06/25/1985 4. FEI Number

21.		26			59-2600230	(No	t Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	dditional	
22		27			5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing	_\$5.00	Мау Ве	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Cour	try	8. This corporation owes the current year	r Intangible	_ }	
24	25	29	30		Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New Registe	red Agent		
				B1 Name				
Y	IM, SHING			32 Street Addr	ess (P.O. Box Number is Not Acceptable)			
3105 W BROWARD BLVD FORT LAUDERDALE, FL 33312-1110		}						
			33	-				
		}	B4 City		85 Zip C	'ode		
				City	1	FL " " " " " " " " "	Joue	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida St	atutes, the ab	ove-named corp	oration submits this statement for the purpos	e of changing its	registered	
office or re	egistered agent, or both, in the State o n familiar with, and accept the obligation	f Florida. Such change wa	as authorized	by the corporation	on's board of directors. I hereby accept the a	ppointment as res	gistered	
-	n lamiliai with, and accept the obligate	Alla of, Occitor Cor. 10000,	, i longa olala					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	NOTE: Registered A	gent signature require	d when reinstating) DAT	<u> </u>		
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TIT	E		☐ Change	☐ Addition	
NAME	YIM, SHING		1.2 NA	E Í				
STREET ADDRESS	3105 W BROWARD BLVI	1	1.3 STF	EET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FI	33312-1110	1.4 CIT	-ST-ZIP				
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		,	1	EET ADDRESS				
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CITY-ST-ZIP TITLE		☐ DELETE				Change	Addition	
		_ 5ttc1c	6.2 NAM	1			_	
NAME				EET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP				-ST-ZIP			1	

indicated on this annual report or supplied 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, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHING YIM