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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Secretary of State
DIVISION OF CORPORATIONS

(1)

DOCUMENT # K95477
W & W OF BROWARD COUNTY, INC.

(

FILED Feb 16 1998 8:00am Secretary of State

P	rincipal Place of Busines	c		Mailing Address								
SOG NW 47 AVE DEERFIELD BEACH FL 33442 US				% KING-YING WONG 506 NW 47 AVE DEERFIELD BEACH FL 33442 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/14/1989				
21	Suite, Apt. #, etc.			2a. Mailing Address 26 Suite, Apt. #, etc.				4. FEI Number 59-2562379  5. Certificate of Status Desired	Applied For Not Applicab \$8.75 Additional	le		
22	City & State		City & State					Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
24		Country 25	29	<b>7</b> ф	30	untry	· · · · · · · · · · · · · · · · · · ·		Yes No			
WONG, RORALD C 508 NW 47TH AVE DEERFIELD BEACH FL 33442						81 82 83 84		10. Name and Address of New Registered Agent  ddress (P.O. Box Number is Not Acceptable)  FI 85 Zip Code				
1	<ul> <li>office or registered ag</li> </ul>	ions of Sections 607 0502 ent, or both, in the State o th, and accept the obligate	Elor	ida. Such change was	authorize	id by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appropriate the statement of t	changing its registered	<u>1</u>		
S	IGNATURE State of Sta	·		44×	16 D					_		

SIGNATURE	Signature, typod or printed name of registerial agent and title if applicable	(NOTE: Registered Agent signature	DATE	
12.	OFFICERS AND DIRECTORS	13.	TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	P		☐ Change	Additio
NAME .	WONG, KING-YING	1.2 NAME		
STREET ADDRESS	506 N.W. 47TH AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP		
TITLE	☐ DELETI		Change	☐ Additio
NAME		22 NAME		
STREET ADDRESS		2.3 STREET ADDRESS	4	
CITY - ST - ZIP		2 4 CITY-ST-ZIP	•	
TITLE	DELET	£ 31 TITLE	☐ Change	Additio
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP	L	3.4. CITY - ST - ZIP		
TITLE	☐ DELFTI	E 4.1 TITLE	☐ Change	Additio
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETI	E 5.1 TITLE	Change	Additio
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETI	E 6.1 TITLE	Change	Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - 7IP		

14. I 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 suppliemental 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 occiver or trusted 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 altachment with an indirect.

SIGNATURE:

They By Way

1-31-98 954-425-10

HZE034 (10/97)