

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Wooten
Secretary of State
Division of Corporations

**APPROVED
AND
FILED**

90 MAY -1 AM 8:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L52118

(1)

1. Corporation Number

THE WOKERY, INC.

Principal Place of Business

**2019 E. SILVER SPGS. BLVD
SUITE #102
OCALA FL 34470
US**

Mailing Address

**2003 N.E. 11TH PLACE
OCALA FL 34470
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1990

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2995228

Applied For

☐ Not Applicable

State Apt. # etc.

22

State Apt. # etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Yes

No

24

Yes

No

29

30

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIM, MYUNG SUK
2003 N.E. 11TH PLACE
OCALA FL 34470**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person accepting appointment as registered agent in the State of Florida

Signature of person accepting appointment as registered agent in the State of Florida

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

**PT
KIM, MYUNG SUK
2003 N.E. 11TH PLACE
OCALA FL 34470**

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

**VS
PAN, LANSEN C.
2003 N.E. 11TH PLACE
OCALA FL 34470**

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

13.7

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.04(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANSEN PAN

VP.

4/30/95

704-6226655