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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 11 1997 8:00am

Secretary of State

461-279-9898

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000068792 (9)

WOK & GO, INC.

Principal Place	of Business	Mailing Address							
550 NE 6TH AVENUE SSO NE 6TH AVENUE DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-5610									
						3. Date Incorporated or Qualified			
2. Principal Pla	ace of Business	28. Mailing Addre	iss			4. FEI Number			pplied For
21   Suite, Apt #	N ote	Suite, Apt #,	ntc	·		65-0440552			ot Applicable
22	·, etc.	27	BIG.			5. Certificate of Status Desired			Additional equired
City & State		City & State				6. Election Campaign Financing		•	May Be
23	Country	28	<del></del>			Trust Fund Contribution	<u> </u>		to Fees
Zip 24	25 Country	Zip 29	30	ountr	У	6. This corporation has liability for in		tax under : ] No	s. 199.032,
.41	9. Name and Address of Curr			<del>-</del> T		10. Name and Address of New Re	3	<del></del>	
YIU :	SING, CHAN			81	Name		<del></del>	<del></del>	ALTO MINE A
	NE 6TH AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptate	le)	<del> </del>	
DELRAY BEACH FL 33483				L		and the first terror recognition			
				83	<u>'</u>				
				84	City			<b>85</b> Zip	Code
44 6		500 1 002 4500 51	- 0: - 1 1-		1	poration submits this statement for the p	FL	<u>                                     </u>	te ronistand
SIGNATURI	Sign of the type distributed name of registered	agent and title if applicable	(NOTE Regist		gent signature requ	red when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	 RS IN 12
TITLE	DP	L_ DE	LETE 1,5	TITLE				☐ Change	Addition
NAME	YIU SING, CHAN		1,2	NAME					
STREET ADDRESS	550 N.E. 6TH AVE.		1,5	STREE	T ADDRESS				
CiTY - ST - ZIP	DELRAY BEACH FL 33483			CITY-	ST-ZIP				
TITLE		∐ DE		TITLE				L Change	Addition
NAME				2 NAME					
STREET ADDRESS					T ADDRESS		,+ 1		
TITLE		DE:		TITLE	-ST-ZIP		_	Change	Addition
NAME		•	1	2 NAME	:				
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CITY-ST-ZIP			3.	4. CITY-	-ST-ZIP				
TOLE		☐ DE	LETE . 4.	TITLE				Change	Addition Addition
NAME			4.	2 NAME	:				
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TITLE		DE		1 TITLE		, , , , , , , , , , , , , , , , , , , ,		Change	Addition
NAME				2 NAME				-	
STREET ADDRESS					T ADDRESS				
CITY -S1 - 7/2					ST-21P				
information Lam an of	n indicated on this annual report of	or supplemental annual re n or the receiver or trustee	eport is true an e empowered t	d acc	curate and tha	d in Section 119.07(3)(i), Florida Statute It my signature shall have the same legant as required by Chapter 607, Florida S	al effect as	if made u nd that my	nder oath; tha