

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 # P93000077736

1. Corporation Name
WING FAT, INC.

Principal Place of Business
1376 BENNETT DR
STE 174
LONGWOOD, FL 32750

Mailing Address
1376 BENNETT DR
STE 174
LONGWOOD FL 32750

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HO, MAN WING
1376 BENNETT DR
STE 174
LONGWOOD FL 32750

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WING, HO MAN	1.2 NAME	
	1565 MISSOURI AVE.,	1.3 STREET ADDRESS	
	SANFORD FL 32771	1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DELETE	2.2 NAME	
	DELETE	2.3 STREET ADDRESS	
	DELETE	2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DELETE	3.2 NAME	
	DELETE	3.3 STREET ADDRESS	
	DELETE	3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DELETE	4.2 NAME	
	DELETE	4.3 STREET ADDRESS	
	DELETE	4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DELETE	5.2 NAME	
	DELETE	5.3 STREET ADDRESS	
	DELETE	5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DELETE	6.2 NAME	
	DELETE	6.3 STREET ADDRESS	
	DELETE	6.4 CITY-ST-ZIP	

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 supplemental 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.

SIGNATURE:

SIGNATURE REDACTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 4678349322
Daktime Phone #