FILE NOW: FILING FEE AFTER MAY 1 IS

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P9400007033 (1) DOCUMENT #

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١.	Corporation Name				

TWIN W ENTERPRISES, INC. Mailing Address Principal Place of Business 9621 BAY PINES BLVD 9621 BAY PINES BLVD. ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708 3a. Date of Last Report 3. Date Incorporated or Qualified 04/17/1995 01/20/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3218988 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign financing **\$5.00** May Be City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s 199.032, Flonda Statutes X Yes ☐ No Country Zin 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WONG, YAN Y Street Address (P.O. Box Number is Not Acceptable) 82 9621 BAY PINES BLVD. 83 ST. PETERSBURG FL 33708 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. MOTE Bears and About sweet to the Stgnature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition PRES DELETE 1.1 Talle TILLE YAN YAN WONG 1.2 NAMÉ NAME 9621 BAY PINES BLVD 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 1.4 CHTY - ST - ZIP CITY - S1 - ZIF Addition ☐ Change DELETE 2 1 III LE TITLE JEFFREY WU 2 2 NAME NAME 9621 BAY PINES BLVD 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 24 CITY-ST-ZIF CITY-S1-ZIP [] Change Addition DELETE 3 1 THILE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY-ST-7P Addition Change DELETE 4. 1 TITLE THILF 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C-TY - ST - 74P CITY-ST-ZIF ___ Change Addition DELETE 5.1 IIII F THILE 300001761243 52 NAME . NAME -03/28/96--01058--037 5.3 STREET ADDRESS STREET ADDRESS ***200.00 5.4 City - ST-ZIP CHTY-ST-ZiP Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath; that I am an officer or director of the corporation on 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 nt with an address

CHIY-ST-ZIP

YAN YAN WONG

6.4 CI3Y - ST - 7IP

(12/95)CR2E034