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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400037482 (4)

HANG-LONG AGRO-INDUSTRIAL CO.

FILED May 14 1997 8:00am Secretary of State



Principal Pl	lace of Rusiness		Mailing Address			{	&188 illii 186		
Principal Place of Business 1635 NORA TYSON RD. ST.CLOUD FL 34769			P.O. BOX 473 ST. CLOUD FL 34770						
SI.GLOOD F	L 34/03	•	n. OLOGO PL OFFIG			Date Incorporated or Qualified 05/18/1994		e of Last	Report
2. Principa	d Place of Business	2	a. Mailing Address		:	4. FEI Number		· · · · · · · · · · · · · · · · · · ·	Applied For
1			26			59-3243284	17,721.03		Not Applicable
	pit. #, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & S	State		City & State	***************************************		6. Election Campaign Financing			0 May Be
3 Zip	Cour	28	Zip	Count	n/	Trust Fund Contribution			d to Fees
4	 -	29	"1	30	, ,	This corporation has liability for in Florida Statutes	Yes 📝	ex under No	8. 199.032,
21	9. Name and Add	reas of Current Reg		190	······	10. Name and Address of New Reg			
			10.00.00	8	1 Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30111	
	OCH, WILLIAM	-							
301 BLUE BAYOU DRIVE KISSIMMEE FL 34743			82 Street Ad		ress (P.O. Box Number is Not Acceptable)				
			•	8:	3				
				8	4 City		FL	85 Zi	p Code
					<u></u>			<u> </u>	
	36					poration submits this statement for the pation's board of directors. I hereby acception when prestation			<u> </u>
SIGNATUR		and of registered agent and t	nto fapolicable. (N	OTE: Registered A		ulred when reinstaling)	DATE		
SIGNATUR	Stgrature, typed or porteo is		utic f applicable. (N	OTE: Registered A	gent signature requ		DATE ERS AND	DIRECTO	ORS IN 12
SIGNATUR 12. TITLE	Signature, typed or persed os	une of registered agent and t OFFICERS AND DIR	nto fapolicable. (N	OTE: Registered A	gent algnature requ	ulred when reinstaling)	DATE ERS AND		ORS IN 12
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4. It do 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; the Lam 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.

SIGNATURE:

MISTA WOLLD'S HAND OFFICER OR DIRECTOR

977 (407)894-1557

0626862