SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000007074 (4)

WHEELER'S GOODY CAFE, INC.

Principal Place of Business

13 S. MONROE AVE. ARCADIA FL 33821

Mailing Address

13 S. MONROE AVE.



| AUGUNA LE SOST | AROADIA EL 33821 | | | | | |
|---|---|--|--|----------------------------------|--|--|
| | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | | |
| | | | 01/23/1995 | 04/01/1996 | | |
| 2. Principal Place of Business | 2a. Mailing Address | _ | 4. FEI Number | Applied For | | |
| 21 Restaurant, | 26 13, 5. MMA | oe ave. | 65-0549793 | Not Applicable | | |
| Suite, Apt. #, etc. 22 135 Manae. Que | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State 23 MEAGLE | City & State 28 FLOI ÁL | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip Country 24 34266 25 | 29 34266 30 Co | untry | This corporation owes or has pair Personal Property Tax due June | | | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | | |
| TANG, EDDIE | | 81 Name | | , | | |
| 13 S. MONROE AVE. ARCADIA FL 33821 | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable | e) | | |
| | | 83 | | | | |
| | | 84 City | | FL 85 Zip Code | | |
| 11. Pursuant to the provisions of Sections 607.05 | 502 and 607.1508, Florida Statutes, the a | bove-named corp | oration submits this statement for the pu | roose of changing its registered | | |

| office of registered agont, 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 portiod name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| TITLE | P | DELETE | 1.1 TITLE | | ☐ Change | Addition | | | |
| NAME | TANG, EDDIE | | 1.2 NAME | 900002271 | 619- | 6 | | | |
| STREET ADDRESS | 35090 WASHINGTON LOOP RD. | | 1.3 STREET ADDRESS | -08/19/97U | 10900 | 103 | | | |
| CITY-ST-ZIP | PUNTA GORDA FL 33982 | | 1.4 CITY - ST - 2IP · | ****165.00 | ****16 | 5.00 | | | |
| TITLE | VP | DELETE | 2.1 TITLE | | Change | Addition | | | |
| NAME | TANG, KAYOON | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 35090 WASHINGTON LOOP RD. | | 2.3 STREET ADDRESS | • | | | | | |
| CITY-ST-ZIP | PUNTA GORDA FL 33982 | | 2. 4 CITY - ST - ZIP | | | | | | |
| TITLE | | DELETE | 3.1 TITLE | | Change | ☐ Addition | | | |
| NAME | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ DELFTE | 4.1 TOTLE | | Change | Addition | | | |
| NAME | • | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | Change | ☐ Addition | | | |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | ĺ | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change | Addition | | | |
| NAME | | | 6.2 NAME | | • | | | | |
| STREET ADDRÉSS | | | 6.3 STREET ADDRESS | | A. | <i>1</i> D | | | |

14. I 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 supplemental annual report is true and accurate and that by figurature 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 opporate 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 opporate 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.

COMPANIANT FROM THE WATERS OF



To when it may concern

One of your office on august the 12 the seganding about the delaying to file the soften conforation reports second ratice.

as manufact I did not secure any mail.

Buy solice from you about the annual seport solice, this is the first time I have secured from you, but is marked as second solice, I have no idea what suppersed to the fact solice, somy about that.

Dyn required. Thank you.

heeler's Gandy Cufe, Inc.

13 South Monroe Ave.

Aroadia, Florida 33821

Manager