

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013558 (8)

1. Corporation Name

FIRST WOK, INCORPORATED

Principal Place of Business

7336 SPARKLING LAKE RD
ORLANDO FL 32819

Mailing Address

7336 SPARKLING LAKE RD
ORLANDO FL 32819



3. Date Incorporated or Qualified
02/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7336 B. S. Kirkman

26

Suite, Apt. #, etc.

Suite, Apt. #, etc. Same

22

27

City & State

City & State

23 Orlando, FL

28

Zip

Country

Zip

Country

24 32819

25

Orange

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHENG, ANNA C
7336 SPARKLING LAKE RD
ORLANDO FL 32819

81 Name

Wayne Sheng

82 Street Address

P.O. Box Number is Not Acceptable
7336 Sparkling Lk. Rd.

83

84 City

Orlando

FL

85

Zip Code
32819

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

4/23/96

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Sheng 4/23/96 407-248-4488

Date

Daytime Phone #

CR2E034 (12/95)