FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000017986 (7)

1. Corporation Name

MR. WU'S CHINESE GOURMET OF GATEWAY MALL, INC.

Principal Place of Business
14497 N DALE MABRY HWY
SUITE 201
TAMPA FL 33618

Mailing Address
14497 N DALE MABRY HWY
SUITE 201
TAMPA FL 33618

3. Date Incorporated or Qualified: 03/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21 6100 "O" STREET
Suite, Apt. #, etc.
22 # 500
City & State
23 LINCOLN, NE
Zip
24 68505
Country
25 USA

2a. Mailing Address
26 C/O WATHEN ACCOUNTING
Suite, Apt. #, etc.
27 11804 N. 56TH ST.
City & State
28 TAMPA, FL
Zip
29 33617-1652
Country
30 USA

4. FEI Number: 59-3315422 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

WU, DONALD
14497 N DALE MABRY HWY
SUITE 201
TAMPA FL 33618

10. **Name and Address of New Registered Agent**

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WU, DONALD	
STREET ADDRESS	14497 N DALE MABRY HWY SUITE 201	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	☐ DELETE
NAME	WU, DAVID	
STREET ADDRESS	14497 N DALE MABRY HWY SUITE 201	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	☐ Change ☑ Addition
3.2 NAME	YOLANDA WU	
3.3 STREET ADDRESS	14497 N. DALE MABRY HWY #201	
3.4 CITY-ST-ZIP	TAMPA, FL 33618	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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] YOLANDA WU [date] 813-874-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)