## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017986 (7)

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

FILED
Feb 02 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address										F (************************************		(0010 101		Billi IAAi	
6100 O STREET SUITE 500 LINCOLN NE 68505				C/O WATHEN ACCOUNTING 11804 N 56TH ST TAMPA FL 33617-652						DO NOT WRITE IN THIS SPACE					
US				US					3. Date Incorporated or Qualified						
2. Principal P	lace of Busin	ness		2a. Mailing	Address					03/03/1995 4. FEI Number			TAnn	lied For	
21			ļ.	26	,					59-3315422			<del></del>	Applicable	
Sulte, Apt.	#, etc.				Apt. #, etc.				i			\$8.7	<del></del>	Iditional	
22				27					Ī	<ol><li>Certificate of Status Desired</li></ol>			e Req		
City & State				City & State						6. Election Campaign Financing		\$5.	<b>00</b> M	lay Be	
23				28						Trust Fund Contribution		Add	ded to	Fees	
Zip	Country			├─ <b>┐</b>						8. This corporation owes or has p	-			•	
24	25] g. Name and Address of Current			[29] [30]							al Property Tax due June 30. XYes				
			or Current ne	- Greteren W	gent		81	Name		18. Name and Address of New H	egistered /	Agent			
	DONALD														
3903 NORTHDALE BLVD SUITE 150E					82			Street	Addres	s (P.O. Box Number is Not Accepta	ble)			į	
		004					83								
IA	MPA FL 33	024													
							84	City			FL	85	Zip Co	ode	
11. Pursuant	to the provis	ions of Section	s 607.0502 ar	id 607 1508	, Florida <b>Sla</b> tut	es, the al	evoc	-named	d corpor	ration submits this statement for the	nurnose of	changi	ng its	registered	
office or r	egi <b>s</b> tered ag m f <b>am</b> iliar w	jent, <b>or b</b> oth, in ith, an <b>d a</b> ccept	the State of F the obligation	Iorida Such is of Sectio	n change was : in 607.05 <b>05</b> . Fl	authorize orida Stat	d by utes	the cor	rporation	n's board of directors. I hereby acce	pt the app	ointmen	t as re	gistered	
SIGNATURE			J	,											
Olditalione	Signature, typed	or prot <b>ed n</b> ame of n			do (NOT	f : Registere	l Ager	nt signature	e required	when reinstating)	DATE				
12.	<del></del>	OFFI	CERS AND DI	RECTORS	DELETE	13.				ADDITIONS/CHANGES TO OFFI	CERS AND				
TITLE	D	NIAL D			LT OFFEIE	1.1 II						Char	ige	Addition	
NAME OTOGET ADDRESS	WU, DO	nalu Orthdale bi	VID OTE 480	1.2 N/				ADDOCED							
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TITLE	D	<u> </u>			DELET <b>E</b>	21 1		- 211	<del>                                     </del>			Char	nae	Addition	
NAME	WU, DA	VID				2.2 N							,	_	
STREET ADDRESS		ORTHDALE BL	VD. STE 15				2.3 STREET ADDRESS								
CITY-ST-ZIP	TAMPA		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V 6.		2.40									
TITLE	8				DELETE	3.1 TI			1			Char	ige	Addition	
NAME	WU, YO	LANDA				3.2 NA	ME								
STREET ADDRESS		PRTHDALE BL	.VD, STE 15	0E		3.3 S1	REET	ADDRESS							
CITY-ST-ZIP	TAMPA	FL	· · · · · · · · · · · · · · · · · · ·			3.4. C	IY-5	T-ZIP							
TITLE					DELETE	4.1 Tr	ILE					☐ Char	ige	Addition	
NAME						4. 2 N	AME								
STREET ADDRESS						4.3 ST	REE1 /	ADDRESS							
CITY-ST-ZIP						4 4 CI		- ZIP	ļ	<u> </u>					
TITLE					☐ DELETE	5.1 10						☐ Chan	ige	Addition	
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CITY-ST-ZIP		···				6.4 CI	IY-ST	- ZIP	1		<del></del>				

14. Thereby 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 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.