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499-1872

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000072625 (3)**

1. Corporation Name

WELLPROS ENTERPRISES, INC.



Principal Place of Business

Mailing Address

6308 MARINA DRIVE
ORLANDO FL 32819

6308 MARINA DRIVE
ORLANDO FL 32819

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

TSAY, MING H
6308 MARINA DRIVE
ORLANDO FL 32819

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(1), 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.06(2), Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TSAY, MING H | |
| STREET ADDRESS | 6308 MARINA DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LAI, KUI WEN | |
| STREET ADDRESS | 6308 MARINA DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY-ST-ZIP | |
| 15. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16. NAME | |
| 17. STREET ADDRESS | |
| 18. CITY-ST-ZIP | |
| 19. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20. NAME | |
| 21. STREET ADDRESS | |
| 22. CITY-ST-ZIP | |
| 23. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24. NAME | |
| 25. STREET ADDRESS | |
| 26. CITY-ST-ZIP | |
| 27. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28. NAME | |
| 29. STREET ADDRESS | |
| 30. 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)(b), 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: *X*

Tsay Ming H
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/98