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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STA

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075977 (5)

WANG'S MANDARIN HOUSE, INC.

Principal Place of Business		Mailing Address		1 10011001 et 10 1000 meire Botet Anter 6215 5211 12001 01112 10141 10011 1001 1001
		2914 \$. FLORIDA AV LAKELAND FL 33803		DO NOT WRITE IN THIS SPACE
1				3. Date Incorporated or Qualified
Ì				10/03/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3342565 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8, This corporation owes or has paid the current year Intangible
24	25   g. Name and Address of Curre	29 29 Agent	30	Personal Property Tax due June 30. Yes No
<del> </del>		ser Hadistolan Võelit	81 Name	10. ratio and Address of tree tradisings whatit
	, DAR S			
	28 CIRCLE CREEK DRIVE		82 Street A	ddress (P.O. Box Number is Not Acceptable)
į PIN	IELLAS PARK FL 34865		83	
j				
			84 City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	(NOTE: Registered Agent signature re	equired when reinstalling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WANG, KUANG M		1.2 NAME	
STREET ADDRESS	2914 S FLORIDA AVE.		1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL		1.4 CITY - ST - ZIP	
TULE	DVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WANG, YUH S CHOU		2.2 NAME	<i>y</i> .
STREET ADDRESS	2914 S FLORIDA AVE		2 3 STREET ADDRESS	•
CITY-ST-ZIP	LAKELAND FL	T DELETE	2 4 CITY-ST-ZIP	
TITLE		☐ DELETE		Change Addition
NAME			3.2 NAME	•
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME			4.2 NAME	CHANGE C NOULION
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE		☐ Change ☐ Addition
NAME			5.2 NAME	_ July _ July
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP.			5.4 CITY-ST-ZIP	
TITLE		DELETE		☐ Change ☐ Addition
NAME			6.2 NAME	
1			6.3 STREET ADDRESS	

14. I 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 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: SHOW THE OF PRINTED NAME OF MODIFIED ON DIRECTOR

CR2E034 (10/9)

**FILED** 

May 05 1998 8:00am

Secretary of State