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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000086182**1. Corporation Name

JOHN WONG INCORPORATED

Principal Plac	ce of Business	Mailing Address				* 108/108/108/108/108/108/108/108/108/108/	it lasia kiini tinki	10114 (101 (901
5045 NORTH 9TH AVENUE 5045 NORTH 9TH AVENUE								
PENSACOLA FL 32504. PENSACOLA FL 32504								
						DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualifed		
						10/01/1995		
2. Principal F	Place of Business	2a. Mailing Address	¬ •			4. FEI Number	<u> </u>	plied For
21		26	<del></del>			59-3377373	<del></del>	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> / Fee Re	
City_& Sta	te	City & State				6. Election Campaign Financing		
23		28				Trust-Fund-Contribution	\$5.00 Added	
Zip	Country		Zip Country		,	8. This corporation owes the current year Intangible		
24	25 29		30	•		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	11	1001	Γ		10. Name and Address of New Registere	d Agent	
				81	Name			
WOI	NG, JOHN							
5045	5 NORTH 9TH AVENUE			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		Į
PEN	SACOLA FL 32504			83				
				00				
				84	City	-	85 Zip (	Code
44 -					<u> </u>	F	<b>—</b>   . ,	
agent. I a						poration submits this statement for the purpose of ion's board of directors. I hereby accept the appear of the purpose of the statement of the purpose of th		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	DELETE 1.1 ππ				☐ Change	☐ Addition
NAME	WONG, JOHN		1.2 NA	WE				
STREET ADDRESS	5045 NORTH 9TH AVENUE		1.3 STRE		T ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504		1.4 CF	TY-SI	T-ZIP			
TITLE	D	☐ DELETE	2.1 111	TLE:			Change	Addition
NAME	WONG. KIM		2.2 NA		- 1			
STREET ADDRESS	FORE MODELL OTHER ANDRESS		2.3 STRE		ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504		2. 4 CI					ţ
TITLE	7 2.10/.002172 02301	☐ DELETE	3.1 TIR		11-24		☐ Change	Addition
NAME			3.2 NA					
STREET ADDRESS					ADDRESS			
			1					
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY 4.1 TITLE		1-ZIP	1	Change	☐ Addition
			1			•	in allende	
NAME			4. 2 N/					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		□ 80: 5±5	4.4 CI		T-ZIP			□ Added
TITLE		☐ DELETE	5.1 TIT				Change	☐ Addition
NAME			5.2 NA					}
STREET ADDRESS					ADDRESS			}
	1		5400	IV. ČT	rπ.b.			r

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

☐ Change

Addition

**FILED** 

Feb 19, 1999 8:00am

**Secretary of State** 

02-19-1999 90045 014 \*\*\*150.00