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

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90084 032 ***150.00

DOCUMENT#	P96000003170
DOODIVILIA #	PSOUUUUUUU 17U

1. Corporation Name

CHUNG,	NEEMAH & WONG, INC.				
Principal Place	of Business	Mailing Address		1 :00:1001 114 (0110 0111 POIN 00:11 00:11 00:1	ili Shiga lith) itali iban abit iani
4897 N UNIVER	sity dr	4897 N UNIVERSITY DR			
LAUDERHILL FL 33321 LAUDERHILL FL 33321					10.004.05
		•		DO NOT WRITE IN TH	IS SPACE
				Date Incorporated or Qualifed 01/08/1996	r.e
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0643311	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	` Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible ☐Yes ☐No
24	25		30	Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address of Curre	mt Registered Agent	81 Name	10. Name and Address of New Registere	O Agent
CHU	NG, ROBERT				
	N UNIVERSITY DR		82 Street Add	ress (P.O. Box Number is Not Acceptable)	•
	DERHILL FL 33321		83	· · · · · · · · · · · · · · · · · · ·	
2.0.			**		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auf	norizea dy the corborati	on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE			Registered Agent signature require	ed when reinstating) DATE	
	Signature, typed or printed name of registered ag	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	D	DELETE	1.1 TITLE	ADDITIONO/OFIANOEO TO OFF TOETHO	☐ Change ☐ Addition
	CHUNG, ROBERT		1.2 NAME		
NAME	4897 N UNIVERSITY DR		1.3 STREET ADDRESS	,	
STREET ADDRESS	LAUDERHILL FL 33321				
CITY-ST-ZIP	D	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	NEEMAR, CHARLES	المال	2.2 NAME		
NAME	4897 N UNIVERSITY DR				
STREET ADDRESS	-		2.3 STREET ADDRESS		
CITY-ST-ZIP	D LAUDERHILL FL 33321	□ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	-		3.2 NAME		
NAME	WONG, LOTTIE				
STREET ADDRESS	4897 N UNIVERSITY DR LAUDERHILL FL 33321		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDENHILL FL 33321	☐ DELETE	3.4, CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			4. 2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		•
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME	•	3 4
NAME			5.3 STREET ADDRESS		•
STREET ADDRESS			5.4 CITY-ST-ZIP	-	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		
NAME OTREET LERESCO			6.3 STREET ADDRESS	•	

CITY-ST-ZIP 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.

64 CITY-ST-ZIP

SIGNATURE: