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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000042500** (4)

D & H WANG, INC.

FILED Jan 16 1997 8:00am Secretary of State



Principal Place of Business 6400 PARK BLVD.	· ·	Mailing Address 6400 PARK BLVD.					
PINELLAS PARK FL 34685		K FL 33781-313	7				
					3. Date Incorporated or Qualified 05/17/1996	3a. Date of	Last Report
2. Principal Place of Business	2a. Mailing A	ddress			4. FEI Number		Applied For
21	26				59-3379445	Ī	Not Applica
Suite, Apt. #, etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired		.75 Additional
22	27				J. Continuation of Change Business		ee Required
City & State	City & St	ate			6. Election Campaign Financing		5.00 May Be
Zip Country	28		Country		Trust Fund Contribution	***************************************	dded to Fees
├ ── '	Zip	-	¬ ´		8. This corporation has liability for	intangible tax ui] Yes	nder s. 199.032
24 25 Name and Address	29 of Current Registered Age	30	<u> </u>		Florida Statutes L 10. Name and Address of New Re		····
WANG, TOMAS D	or outton registered Age		81	Name	10. Harrie die Paulous di How He	gratored Agent	
6400 PARK BLVD.							
PINELLAS PARK FL 34665		82 Street A		Street Add	ddress (P.O. Box Number is Not Acceptable)		
THELENO I AIM TE OTOGO			83				
			ļ,				
			84	City		FL 65	Zip Code
 Pursuant to the provisions of Section office or registered agent, or both in agent. I am familiar with, and accept 	ri the State of Florida, Such o	hange was auti	horized by	the corpora	poration submits this statement for the patien's board of directors. I hereby acce		
SIGNATURE							
	registered agent and Mile Tappricable ICERS AND DIRECTORS	(NOTE: H	13.	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRE	CTORS IN 12
		DELETE	1.1 TITLE		ABBITION OF THE COLUMN	***************************************	hange
NAME TO A LA	- 4 . 1 % .	_	1.2 NAME			_	
STREET ADDRESS (44-) DARK	Neg	DARY	1.3 STREET	ADDRESS			
CITY-SI-ZIP 6400 MKK	NEI BLID. PWELLAS FU 33	76/ ^	1.4 CITY - S				
TITLE	72/1	DECETE	2.1 TITLE			□ c	hange Add
NAME			2 2 NAME				
STHEET ADDRESS			23 STREET	ADDRESS			
CITY - ST - Z-P			2. 4 CITY-	ST-ZIP			
TITLE		DELETE	3.1 TITLE			□ c	hange 🔲 Add
NAME			3.2 NAME		•		
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY - ST - 2IP			3.4. CITY -	ST- 21P			
TITLE		DELETE	4.1 TITLE				hange 🔲 Add
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		_	4.4 CITY - S	T-ZIP			
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NAME			52 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS	*		
CITY+ST-ZIP			54 CITY - S	T-ZIP			
TIFLE		DELETE	61 TITLE			□ C	hange 🔲 Add
NAME			62 NAME				
STREET ADDRESS			63 STREET	ADDRESS			
CITY-ST-ZIP			64 CITY-5	it-ZIP			

I do 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 supplementar 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 of changed, or on an attachment with an address.