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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042500 (4)

D & H WANG, INC.

FILED Jan 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 6400 PARK BLVD. 6400 PARK BLVD. PINELLAS PARK FL 34665 PINELLAS PARK FL 34665 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/17/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3379445 Not Applicable Suite, Apt, #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 24 25 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WANG, TOMAS D 6400 PARK BLVD. Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 34665 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition THOMAS WANG NAME 1.2 NAME **CR2E034** STREET ADDRESS 6400 PARK BLVD. 1.3 STREET ADDRESS PINELLAS PARK FL CITY-ST-7IP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition | NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 chapted, or on an attact ment with an address.

SIGNATURE:

WEITH MELLEE REANGY WANG

1-15-98

813-541-2/2/