## 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 # P96000081335 (7)

THREE WANG BROTHERS, INC.

Principal Place of	Rugnose							
Principal Place of Business 2124 AIRPORT ROAD SOUTH  #102 NAPLES FL 34112		Mailing Address 2124 AIRPORT ROAD SOUTH #102 NAPLES FL 34112-4877						
					3. Date Incorporated or Qualified 09/30/1996	3a. Date of La	st Report	
2. Principal Place of Business 2					4. FEI Number		Applied For	
	girport Rd, So.	26			59-3407879			
Suite, Apt. #, e	tc.	Suite. Apt. #, etc			5. Certificate of Status Desired	\$8,75 Additional Fee Required		
City & State  23 Na /2	105 F1	City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24 34/12	Country Collier	74p	Countr 30	у	8. This corporation has liability for Florida Statutes	intangible tax und ☐ Yes  ☐ No	er s. 199.032	
	. Name and Address of Curre	nt Registered Agent		,	10. Name and Address of New Re	gistered Agent		
FRANK, ANN T				Name				
2124 AIRPORT ROAD SOUTH			82	Street Ado	dress (P.O. Box Number is Not Acceptable)			
#102								
NAPLES FL 34112				83				
			84	City		FL 85	Zip Code	
office or regis	e provisions of Sections 607 05 tered agent, or both, in the Stat miliar with, and accept the oblic	e of Florida. Such change was	authorized b	v the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	ourpose of changing	ng its registered t as registered	
SIGNATURE	Com T. Ire					DATE		
Signature typed or printed name of replaced agent and the 4 apparature (N.S.H. Re.  12. OFFICERS AND DIRECTORS				jeni signative requ	area when reinstating)  ADDITIONS/CHANGES TO OFFICE		TORS IN 12	
TITLE D	OT TO THE	DELETE	13.	<del>-</del>	Noomono, or made to or m	Char		
	ang, yu-hsiu	_	1.2 NAM!	Ì				
	2 MT. VERNON AVE			1 ADDRESS				
	KE FOREST IL 60045		14 CITY -	- 1				
TITLE D		DELFNE	2.1 TITLE			☐ Char	ige Addition	
	ang, Eugene		2.2 MAME					
	24 VIRGINIA LANE		2.3 STREE	T ADDRESS				
CITY-ST-ZIP NO	ORTHBROOK IL 60062		2 4 CITY	ST-ZiP				
TITLE D		☐ DELET€	3.1 THLE		_ · <del>_</del> · · <del>_</del> · · · · · · · · · · · · · · · · · · ·	Char	nge 🔲 Addition	
	ANG, JACK		3.2 NAME					
	RIVER OAKS CIRCLE SUITI	E D27	3 3 STHEE	I ADDRESS				
I C/	ALLIMET CITY II RO409			01.70				

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not quality 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 3 if changed, or on an attachment with an address.

4.1 Tille

4.2 NAME

5.1 TITLE 5.2 NAME

6 1 11TLF

62 NAME

4.3 STREET ADDRESS
4.4 City - ST - ZIP

5.3 STREET ADDRESS 5.4 City - St-ZIP

6.3 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

CITY-ST-ZIP

Sulinelan (1)

4/5/97

(941) 649-0960

Change

Change

Change

Addition

Addition

Add tion

**FILED** 

May 13 1997 8:00am

Secretary of State

a andrende ern enten meter mater dater bater name enter et an erna ferna sern ber