Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90015 009 ***150.00

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 # P96000097433

1. Corporation Name

WONG'S HOUSE OF FLIES, INC.							
the state of the s							
Principal Place of Business Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6734 W 22 LN 6734 W 22 LN							
HIALEAH FL 33					DO NOT WRITE II	N TURO COACE	
US US					50 (10) 11111211	1 THIS SPACE	
					3. Date Incorporated or Qualifed 12/03/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
26		26			65-0716527	No.	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	ր \$8.75 <i>₄</i>		
22		27	27		J. Collingate of Citates Desired	Fee Re	quired
City & State City		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added t	o Fees
Zip	Country Zip Cou			,	8. This corporation owes the current y	year Intangible	
24	25	29 30	5		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Regis	stered Agent	
			81	Name			
WONG, RICHARD			82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)		
6734 W. 22ND LN.			02	Street Add	iress (P.O. Box Mulliper is Not Acceptable)		
HIALEAH FL 33016			83				
			84	1		FL 85 Zip (
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florida	the above orized by a Statutes	e-named corporation.	poration submits this statement for the purpion's board of directors. I hereby accept the	oose of changing its appointment as re-	registered gistered
SIGNATURE							Ī
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Ager	nt signature requir		DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	,		1.1 TITLE			Change	Addition
NAME	WONG, RICHARD 12N		1.2 NAME				<u> </u>
STREET ADDRESS	6734 W. 22ND LN. 13S		1.3 STREET	T ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-S	T-ZIP		·	
TITLE			2.1 TITLE			Change	☐ Addition
NAME	WONG, ROBERT	IG. ROBERT					
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP	I SLA I OF ALL OF		2.4 CITY-5	l			
TITLE		DELETE 3.1T		21-21		☐ Change	Addition
}	·	32 N					_
NAME		1		T 40000500			
STREET ADDRESS			3.3 STREE				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE 4.1 Ț					
NAME			4. 2 NAME				
STREET ADDRESS	ET ADDRESS		4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	_		5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	1			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does nonqualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplied ental 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ICER OR DIRECTOR

DELETE

Change

☐ Addition