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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999	\$ 10 mg 15 mg	DIVISION OF CORPORATIONS	
DOCUMENT # P 1. Corporation Name WANG LAUNDRY, INC.	97000015	756	
Principal Place of Business	Mailu	ng Address	_
5111-11 BAYMEADOWS ROAD JACKSONVILLE FL 32217	- · · · ·	11 BAYMEADOWS ROAD SONVILLE FL 32217	

FILED Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90102 043 ***150.00

WANG L	AUNDRY, INC.								
Principal Place	e of Business	Mailing Address				t statifati iin saidi (nust nusti andi	* #8415 ##181 1148	Billi inne	11110 0111 1911
5111-11 BAYMEADOWS ROAD 5111-11 BAYMEADOWS ROAD					1				
JACKSONVILLE FL 32217 JACKSONVILLE FL 32217					50 107 110 11	e	105		
					<u> </u>	DO NOT WRIT	E IN THIS SP	ACE	
					3	Date Incorporated or Qualifed			
		1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				02/18/1997 I. FEI Number		1 1 4 5	plied For
2. Principal Pl	lace of Business	2a. Mailing Address			4				
21		26	_			59-3427682		88.75 A	t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc			5	i. Certifcate of Status Desired		Fee Re	
City & State		City & State			- -	. Election Campaign Financing		\$5.00	
⊢ ¬ ′	e	28			0	Trust Fund Contribution		Added t	· · · · · · · · · · · · · · · · · · ·
Zip	Country	Zip	Country			t. This corporation owes the curre	nt year Intano		
—	25	29 30	_ `		"	Personal Property Tax		Yes	☑ No
24	9. Name and Address of Currer		<u>'</u>		10). Name and Address of New Ro	egistered Ago	ent	
		<u> </u>	81	Name					
	ig, lin-yu		93	Ct ot Ad	ddraas /	D.O. Boy Number is Not Ascental	alo)		
5308	DOWNINGTON DRIVE		82	Street Ad	iaress (P.O. Box Number is Not Acceptab	ne)		
JACI	KSONVILLE FL 32257		83						
									2.4.
			84	City			FL	35 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes.	the abov	e-named co	orporation	on submits this statement for the p	ourpose of cha	inging its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was auth	orized by	the corpora	ation s b	poard of directors. I hereby accept	the appointm	ent as re	gistered
-	m laminar with, and accept the obliga	along of, addition our good, monde	, claidice	•					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE Re	gistered Age	nt signature requ	uired when		DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	PSD	☐ DELETE	11 TITLE				L	Change	Addition
NAME	WANG, LIN-YU		12 NAME						
STREET ADDRESS	5308 DOWNINGTON DRIVE		13 STREE	T ADDRESS					ì
CITY-ST-ZIP	JACKSONVILLE FL 32257		14 CITY-5	T-ZIP					
TITLE	VPD	☐ DELETE	2 I TITLE] Change	Addition
NAME	WANG, FU-MING		22 NAME						
STREET ADDRESS	5308 DOWNINGTON DRIVE		23STREE	F ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32257		2 4 CITY-1	ST-ZIP					
TITLE		DELETE	3 I TITLE] Change	Addition
NAME			32 NAME						\ \
STREET ADDRESS			33STREE	TADDRESS					
CITY-ST-ZIP			34 CITY-:	ST- ZIP					
TITLE		☐ DELETE	4 1 TITLE] Change	Addition
NAME			4.2 NAME	1					ļ
STREET ADDRESS			43 STREE	T ADDRESS					1
CITY+ST-ZIP			44 CITY-S	T-ZIP					
TITLE		☐ DELETE	51 TITLE] Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			53 STREE	T ADDRESS					
CITY-ST-ZIP			54 CITY-S	T-ZIP					
TITLE		☐ DELETE	€1 TITLE				C] Change	Addition
NAME			6.2 NAME	ļ					}
STREET ADDRESS			63STREE	T ADDRESS					
3			ll						

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 1 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.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR