PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000082159**

1. Corporation Name

WOK OF CHINA, INC.

Mailing Address Principal Place of Business 1786 MARKHAM GLEN CIRCLE 895 FOX VALLEY DRIVE LONGWOOD FL 32779 **IJNIT 121** DO NOT WRITE IN THIS SPACE LONGWOOD FL 32779 3. Date Incorporated or Qualifed 09/22/1997 Applied For 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3470031 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country Zip Zip Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FONG, DAVID Street Address (P.O. Box Number is Not Acceptable) 1786 MARKHAM GLEN CIRCLE LONGWOOD FL 32779 83 85 Zip Code 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE WONG, MEI H 12 NAME NAME 1786 MARKHAM GLEN CIRCLE 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME WONG, JOSEPH C NAME 1786 MARKHAM GLEN CIRCLE 2.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

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. 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 changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

☐ Addition

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90008 043 ***150.00

CR2E034 (11/98)