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

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90062 016 ***150.00

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1. Corporat on Name

MONGOLIA WOK, INC.

Principal Place	of Business	N	Mailing Address			'"				
1403 LYONS RO			403 LYONS ROAD							
COCONUT CREEK FL 33063 COCONUT CREEK FL 33083			€3			DO NOT WR	ITE IN THIS	SPACE		
						3. Date in	corporated or Qualifed		3 01 7132	
						11/14	•			
2. Principal PI	lace of Business	22	a. Mailing Address			4. FEI Nu				Appl ed For
21		26	٦ -			65-08	02126			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				·		\$8.75	5 Additional
22		27	-]			5. Certifica	te of Status Desired	<u></u>	Fee	Required
City & State	e		City & State			6. Election	Campaign Financing		\$5.0	10 Nay Be
23		28				Trust F	ınd Contribution	<u> </u>	Adde	ed to Fees
Zip	Countr	у	Zip	Coun	try	8. This co	poration owes the cur	rent year In		
24	25	29		30			ıl Property Tax.		☐ Yes	[]No
	9. Name and Addre	ess of Current Regi	istered Agent			10. Name	ind Address of New	Registered	Agent	
NC I	DALH			[81 Name					
	PAUL LYONS ROAD				82 Street	Ad tress (P.O. Box	Number is Not Accept	iable)		
		1000		L						
600	ONUT CREEK FL 33	0003		[1	83					1
				<u> </u>	84 City				85 Zi	ip Cc de
						····		F		
11. Pursuant t	to the provisions of Sec	tions 607.0502 and	607.1508, Florida Statu	ites, the ab	ove-named	corporation submit	this statement for the rectors. I bereby acce	e purpose o	t changing intment as	registered
office or re agent. I ar	egistered agent, or both m familiar with, and acc	ept the obligations of	of, Section 607,0505, Fl	crida Statut	tes.	oralion's board or d	4/-	26/9	9	
SIGNATURIE	Mul	NI	FRESI	1)00/			4/-	26/5	9	
SIGNATURIE	Signature, types or printed nan-	e of registered agent and title	le if applicable. (NOT	1)00/		equ ed when reinstating)	4/-	DATE		
SIGNATURIE	Signature, types or printed nan-	e of registered agent and title	le if applicable. (NOT	E Registered A	gent signature r	equ ed when reinstating)	MS/CHANGES TO OF	DATE		TORS IN 12
SIGNATURIE 12. TITLE	Signature, types or printed name	e of registered agent and title	RECTORS	E Registered A	ogent signature r	equ ed when reinstating)	4/-	DATE	ND DIREC	TORS IN 12
SIGNATURIE 12. TITLE NAME	Signature, types or printed name	e of repliered agent. nd title OFFICERS AND DIR	RECTORS	E Registered A 13. 1.1 Titl 1.2 NAA	ogent signature r	equ ed when reinstating)	4/-	DATE	ND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRES S	P NG, PAUL 1239 N.W. 87TH A	o of replaced agent, and tall DEFFORERS AND DIR	RECTORS	13. 1.1 TITL 1.2 NAM	egent signature ro	equ ed when reinstating)	4/-	DATE	ND DIREC	TORS IN 12
SIGNATURIE 12. TITLE NAME	Signature, types or printed nan-	o of replaced agent, and tall DEFFORERS AND DIR	RECTORS	13. 1.1 TITL 1.2 NAM	egent signature ri E ME EET ADDRESS F-ST-ZIP	equ ed when reinstating)	4/-	DATE	ND DIREC	TORS IN 12
SIGNATURIE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE	P NG, PAUL 1239 N.W. 87TH A' CORAL SPRINGS F	o of replaced agent, and tall DEFFORERS AND DIR	IREST IE if applicable. (NOT RECTORS DELETE	13. 1.1 TiTL 1.2 NAA 1.3 STR 1.4 CIT	E AE EET ADDRESS 7-ST-ZIP	equ ed when reinstating)	4/-	DATE	ND DIREC	TORS IN 12
SIGNATURIE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME	P NG, PAUL 1239 N.W. 87TH A' CORAL SPRINGS F S LEE, SIMON	o of repliced agent, and tall OFFICERS AND DIR VENUE FL 33071	IREST IE if applicable. (NOT RECTORS DELETE	E Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA	egent signature in E AE EEET ADDRESS Y-ST-ZIP E	equ ed when reinstating)	4/-	DATE	ND DIREC	TORS IN 12
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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 cartify 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 composition 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 on an attachment with an address, with a lother like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Addition

☐ Change