

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90224 006 ***150.00

DOCUMENT # P98000036197

1. Corporation Name
W SQUARED, INC.

Principal Place of Business

23407 WATER CIRCLE
BOCA RATON FL 33486

Mailing Address

23407 WATER CIRCLE
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

65-0830495

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 4801 LINTON BLVD.

2a. Mailing Address

26 4801 LINTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #5B

27 SUITE #5B

City & State

City & State

23 DELRAY BEACH FL.

28 DELRAY BEACH FL.

Zip

Zip

Country

Country

24 33445

25 PALM BEACH

29 33445

30 PALM BEACH

9. Name and Address of Current Registered Agent

SCHONE, LARRY
23407 WATER CIRCLE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name CHANG, WEI-SHIN

82 Street Address (P.O. Box Number is Not Acceptable)
23407 WATER CIRCLE

83

84 City BOCA RATON

FL

85 Zip Code 33486

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

Wei-Shin Chang

(NOTE: Registered Agent signature required when reissuing)

DATE

7/29/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME CHANG, WEI-SHIN
STREET ADDRESS 23407 WATER CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE DTS ☐ DELETE

NAME HO, WEN KAI
STREET ADDRESS 23407 WATER CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. ☐ Change ☒ Addition

1.2 NAME CHANG, PEI-LING
1.3 STREET ADDRESS 23407 WATER CIRCLE
1.4 CITY-ST-ZIP BOCA RATON FL 33486

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: Wei-Shin Chang WEI-SHIN CHANG DP 3-10-99 561-637-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)