

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V31270** (4)

1. Corporation Name
GIEUSSEPPI WONG, INC.



Principal Place of Business: **P.O. BOX 3433 TAMPA FL 33601**
Mailing Address: **P.O. BOX 3433 TAMPA FL 33601**

3. Date Incorporated or Qualified: **04/24/1992**
3a. Date of Last Report: **06/06/1995**

2. Principal Place of Business: **21 1620 Gulf of Mexico Dr**
2a. Mailing Address: **26 c/o Stephen J. Mitchell**
4. FEI Number: **1 65-0342062**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

22. City & State: **27 Longboat Key, FL 34228**
23. City & State: **28 Tampa, FL 33601 U.S.A.**
24. Zip: **25 U.S.A.** 29. Zip: **30 U.S.A.**
9. Name and Address of Current Registered Agent: **MITCHELL, STEPHEN J ESQ. 201 N. FRANKLIN ST. SUITE 2100 TAMPA FL 33602**
10. Name and Address of New Registered Agent: **81 Name: MITCHELL, STEPHEN J ESQ. 82 Street Address (P.O. Box Number is Not Acceptable): 201 N. FRANKLIN ST. SUITE 2100 TAMPA FL 33602 83 City: Tampa FL 84 Zip Code: 33602**

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: _____ (NOTE: Registered Agent signature required when transferring) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: CDV	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KLAUBER, MURRAY J DR.		1.2 NAME	
STREET ADDRESS: 1620 GULF OF MEXICO DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP: LONGBOAT KEY FL 34228		1.4 CITY-ST-ZIP	
TITLE: CEO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KLAUBER, MURRAY J DR.		2.2 NAME	
STREET ADDRESS: 1620 GULF OF MEXICO DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP: LONGBOAT KEY FL 34228		2.4 CITY-ST-ZIP	
TITLE: PT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CARALUZZI, MARK		3.2 NAME	
STREET ADDRESS: 1113 TOWLSTON ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP: MCLEAN VA 22102		3.4 CITY-ST-ZIP	
TITLE: VS	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MITCHELL, STEPHEN J		4.2 NAME	
STREET ADDRESS: 201 N. FRANKLIN STREET		4.3 STREET ADDRESS: 201 N. Franklin St.	
CITY-ST-ZIP: TAMPA FL 33602		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS: 000001781590	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: -04/16/96--01025--015	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: **Stephen J. Mitchell, Vice President** Date: **4-5-96** Daytona Phone #: **813/229-3321**

CR2E034 (12/95)

4-5-96