

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

Mailing Address

**P.O. BOX 3433
TAMPA FL 33601**

**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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Longboat Key, FL 34228

City & State

**27 P.O. Box 3433
28 Tampa, FL 33601 U.S.A.**

Zip

Country

U.S.A.

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL, STEPHEN J ESQ.
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602**

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	CDV	<input type="checkbox"/> DELETE
NAME	KLAUBER, MURRAY J DR.	
STREET ADDRESS	1620 GULF OF MEXICO DR.	
CITY- ST- ZIP	LONGBOAT KEY FL 34228	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	KLAUBER, MURRAY J DR.	
STREET ADDRESS	1620 GULF OF MEXICO DR.	
CITY- ST- ZIP	LONGBOAT KEY FL 34228	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	CARALUZZI, MARK	
STREET ADDRESS	1113 TOWLSTON ROAD	
CITY- ST- ZIP	MCLEAN VA 22102	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MITCHELL, STEPHEN J	
STREET ADDRESS	201 N. FRANKLIN STREET	
CITY- ST- ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	201 N. Franklin St.
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	000001781590
5.4 CITY- ST- ZIP	-04/16/96--01025--015
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***200.00
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

813/229-3321

Daytime Phone #

CR2E034 (12/95)