

5-15-97 B- 7300 C

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V31270 (4)

1. Corporation Name
GIEUSSEPPI WONG, INC.



Principal Place of Business 1620 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 US	Mailing Address C/O STEPHEN J. MITCHELL P.O. BOX 3433 TAMPA FL 33601-3433 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/24/1992	3a. Date of Last Report 04/15/1996
4. FEI Number 65-0342062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

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 checked="" 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D/P	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Thomas R. Klauber	
5.3 STREET ADDRESS	1620 Gulf of Mexico Dr.	
5.4 CITY-ST-ZIP	Longboat Key, FL 34228	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 13 if changed, or on an attached page with an address.

SIGNATURE: *Murray J. Klauber* 3/25/97 941/383-7419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)