

5-15-97 B- 7300

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/24/1992</b>	3a. Date of Last Report <b>04/15/1996</b>
21		26		4. FEI Number <b>65-0342062</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDV	1.1 TITLE	C/D/P
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	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
NAME	MITCHELL, STEPHEN J	4.2 NAME	
STREET ADDRESS	201 N. FRANKLIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	T
NAME		5.2 NAME	Thomas R. Klauber
STREET ADDRESS		5.3 STREET ADDRESS	1620 Gulf of Mexico Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE		6.1 TITLE	
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 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 attached page with an address.

SIGNATURE

3/25/97

941/383-7419

CR2E034 (9/96)