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 # **434635** **(9)**

1. Corporation Name

WEMARCOBOL FULFILLMENT, INC.

Principal Place of Business	Mailing Address
3770 69TH STREET P. O. BOX 1 WINTER BEACH FL 32971	3770 69TH STREET P. O. BOX 1 WINTER BEACH FL 32971

3. Date Incorporated or Qualified: **09/07/1973**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **59-1498936** ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WEBER, MARIAN
5870 34TH LANE
VERO BEACH FL 32966

10. Name and Address of New Registered Agent

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 607.1908, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	SDT	☐ DELETE
NAME	WEBER, MARIAN	
STREET ADDRESS	5870 34TH LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	☐ DELETE
NAME	WEBER ROBERT	
STREET ADDRESS	2745 51ST AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	☐ DELETE
NAME	MILLEMAN, JANICE	
STREET ADDRESS	3460 NE 17TH WAY	
CITY-ST-ZIP	OAKLAND PARK FL	
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		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP	32966	☐ Change ☒ Addition
2-1 TITLE		
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP	32966	☐ Change ☒ Addition
3-1 TITLE		
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP	33334	☐ Change ☒ Addition
4-1 TITLE		
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		☐ Change ☐ Addition
5-1 TITLE		
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		☐ Change ☐ Addition
6-1 TITLE		
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Marian Weber Marian Weber 4-10-96 407-569-3282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone