

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 642862

(7)

1. Corporation Name

WE, US & COMPANY, INC.



Principal Place of Business

Mailing Address

715 N.E. 23RD TERRACE
POMPANO BEACH FL 33062-4416

715 N.E. 23RD TERRACE
POMPANO BEACH FL 33062-4416

3. Date Incorporated or Qualified
10/24/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 705 NE 23rd TERRACE

26 705 NE 23rd Terrace

4. FEI Number
59-1951569

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 Pompano Beach

28 Pompano Beach

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 33062

25 Broward

29 33062

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, MICHAEL M
715 NE 23RD TERRACE
POMPANO BEACH FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
705 NE 23rd Terrace

83

84 City

Pompano Beach

FL

85 Zip Code

33062

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 readopting)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS ALEXANDER MICHAEL M
CITY-ST-ZIP 715 NE 23RD TERRACE
POMPANO BEACH FL

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 705 NE 23rd Terrace
14 CITY-ST-ZIP Pompano Beach, FL 33062

TITLE ☐ DELETE

NAME STD
STREET ADDRESS ALEXANDER, CAROL JEAN
CITY-ST-ZIP 715 N.E. 23RD TERRACE
POMPANO BEACH FL

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 705 NE 23rd Terrace
24 CITY-ST-ZIP Pompano Beach, FL 33062

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carol-Jean Alexander 8/1/96 561 265 0093

CR2E034 (3/96)