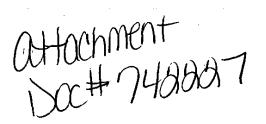
2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 25, 2001 8:00 am Secretary of State

| Mailing Address 800 E ATLANTIC AVE PO BOX 612 PO BOX 6 | Majoring Address Majoring Addr | Majoring Address DO E ATLANTIC AVE D BOX 82 PPODIDE Place of Business Suite, Act F etc. | W. E. ASSOCIATION, INC. | | | | 05-16-200 | 1 90103 008 * | '***61.2 |
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| SOD E ATLANTIC AVE POR DIX RY PORTICIPAL Place of Business 3. Mighing Audress Suries Appt. 4: etc. CITY & State A. FEL Number Sp-1843809 Applicable For Regulared Appent Name 6. Name and Address of Current Registered Appent Name Name Name KCCH, WILLIAM F Soo E ATLANTIC AVENUE DELRAY BEACH FL 33483 City FL Zo Code City FL Zo | SO E ATLANTIC AVE O BOX 872 POPTICIPAL Place of Business Suite, Apr. 6 etc. Suite, A | Side ATLANTIC AVE BOX 82 PRODUCT STORM REACH R. 33447 Principal Place of Business Suite. Apt. F. sec. Suite. Apt. F. sec. Suite. Apt. F. sec. City & Sizes City & Si | THE E. ASSOCIATION, INC. | | (V | | | | |
| PO BOX 62 P. 3947 Principal Piece of Business Suite, Apr. 4 etc. City & State City | DO BOX 612 F. 33447 Principal Place of Business 3. Mesting Addiess Suits, Apr. 4 etc. Suits, Apr. 4 et | DO BOX 812 PPOSIDE SINTER SAME PRICE OF BUSINESS Softe, ACK, F. Mic. DO NOT WHITE NI THIS SPACE ACKNOWLE City & State City & City & State City & State City & State City & City & State City & State City & City & State City & State City & State City & State City & City & State City & City & State City & City | rincipal Place of Business | Mailing Address | | | | } | |
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| Solution | SPECIAL State Desired | SP-1843809 Next Applicable Sp. 1843809 Next Applicable Name Sp. 1843809 Next Applicable Sp. 1843809 Next | | <u> </u> | | | Tarih di angan di katang kanan k |) 1 BYRIT ATATI BYRIT ELETT &: | 1811 B(811 IN BI |
| 2. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent Name 8. Name and Address of New Registered Agent Name N | Country Zip Country Sip Section | 20 COUNTY ZID COUNTY F. Continue of Status Desired \$3.75 Additional Fee Required \$3.75 Additional Fee Required \$5.75 | C ty & State | City & State | | 4. FEI Num | ber | | plied For |
| CRATURE Street Address (P.O. Box Number is Not Acceptable) City FL. Zig Code City | S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOCH, WILLIAM F 900 E ATLANTIC AVENUE DELRAY BEACH FL 33483 CIty FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. CINATURE GNATURE GNATURE Spreame, froat its primed areas of registered agent and the a spokebas. (NOTE Registered office or registered agent, or both, in the state of Florida. FELE NOW: FELE IN NOW: FELE IS \$61.25 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. SMITH, JAMES B 900 E. ATLANTIC AVE. STRET ADDRESS OTHER ADDRE | 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOCH, WILLIAM F Street Address (PO Box Number is Not Acceptable) City FL Zp Code City City City FL Zp Code City | Zin Country | Zin | Country | · | | | |
| KOCH, WILLIAM F 900 E ATLANTIC AVENUE DELRAY BEACH FL 33483 City FL Zip Code City | KOCH, WILLIAM F 900 E ATLANTIC AVENUE DELRAY BEACH FL 33483 The above named entry submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. GNATURE City | KOCH, WILLIAM F 900 E ATLANTIC AVENUE DELRAY BEACH FL 33483 The above nemed entiry submits this skillement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. FILE NOW: FEE IS \$61.25 FILE NOW: | County | | | 5. Certifica | te of Status Desired [| Fee Require | Jitional d |
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| DELRAY BEACH FL 33483 City FL Zip Code The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SINATURE Signature Signature transport Sig | The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. GNATURE Sharture, topsal or promot name of replaced agent and the if agode state. FILE NOW: FILE NOW: Substance and the if agode state. FILE NOW: FILE NOW: Substance and the if agode state. FILE NOW: FILE NOW: Substance and the if agode state. FILE NOW: Substance and the i | The above named entity submits this sistement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SINATURE SUPERIOR Typed or primer remain of registered agent and their applicables. FILE NOW: FILE | • • • • • | | Stree1 | Address (P.O. Box Num | ber is Not Acceptable) | 1 | |
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| GNATURE Signature ryped or primed name of replained agent and title if applicable. (NOTE Regulated Agent algebraic recursed when retraitering) DATP. | SNATURE FILE NOW: | FILE NOW: FILE N | The shove pamed entity submits this statement to | r the purpose of changing its | registered office of | or registered agent, or b | oth, in the state of Florida. | ! | |
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 11, 2001

W. E. ASSOCIATION, INC. % P.O. BOX 612 DELRAY BEACH, FL 33447-0612

SUBJECT: W. E. ASSOCIATION, INC.

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Ref. Number: 742227

Pursuant to our telephone conversation of July 11, 2001, I am enclosing the report for corrections.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Stacy Prather Document Specialist

Letter Number: 801A00040823