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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

D	OCU	MENT	#	_34280

1. Corporation Name

WICHEOUS DIAMOTON & LECUE DA

WISNESI	(I, BLAKISTON & LESLIE,	P.A.				IAIT AIAIK RIKU DI	1821 B1817 B2822 1881
Principal Place	of Business	Mailing Address					
% HENRY Y. BLAKISTON % HENRY Y BLAKISTON			- 0.00 7.5 000				
1001 N. U.S. HIGHWAY ONE. SUITE 600 1001 N. U.S. HIGHWAY ONI JUPITER FL 33477 JUPITER FL 33477			E. SUITE 600	DO NOT WRITE IN THIS SPACE			
JUFILER IL 304		JOHNEN TE VOM			3. Date Incorporated or Qualifed		
					12/04/1989		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0151794		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certifcate of Status Desired	+-	5 Additional
22		27			_		e Required
City & State	9	City & State			6. Election Campaign Financing	•	00 May Be
23		28	Country		Trust Fund Contribution		led to Fees
Zip	Country	Zip	<u>`</u>		 This corporation owes the current year Personal Property Tax. 	r mangible Yes	□No
24	9. Name and Address of Curre		30		10. Name and Address of New Registe	 -	
<u> </u>	9. Name and Address of Care	ili Registered Agent	81	Name			
WISN	IESKI, RONALD H						
	N. U.S. HIGHWAY ONE		82	Street Addr	ess (P O. Box Number is Not Acceptable)		
SUIT	E 600		83	· -			
JUPI	TER FL 33477						7:- 0
			84	City		FL 85 2	Zip Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was au	ithorized by	the corporation	oration submits this statement for the purposon's board of directors. I hereby accept the a	e of changing ppointment a	g its registered is registered
SIGNATURE	Signature, typed or printed name of registered ag	FIDM: suteniane leatit box favo	Registeres Agen	enucen	d when reinstating) DAT		
12.	<u> </u>	ND DIRECTORS	13.	N Signation of the same	ADDITIONS/CHANGES TO OFFICER	S AND DIRE	CTORS IN 12
TITLE	D	☐ DELETE	: 1 TITLE			☐ Char	nge 🗌 Addition
NAME	BLAKISTON, HENRY V		1.2 NAME				
STREET ADDRESS	1001 N. U.S. HWY ONE, STE	. 600	13 STREET	T ADDRESS			Ì
CITY-ST-ZIP	JUPITER FL 33477		14 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	2 ; TITLE		•	☐ Char	nge 🔲 Addition
NAME	WISNESKI, RONALD H.		2.2 NAME				
STREET ADDRESS	18586 LAKESIDE GARDEN DE	RIVE	23 STREET	TADDRESS			
CITY-ST-ZIP	JUPITER FL		2 4 CITY-S	5T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			∐ Char	nge
NAME			3.2 NAME	i			
STREET ADDRESS			33 STREET	T ADDRESS			
CITY-ST-ZIP			34 CITY-S	ST-ZIP			nee
TITLE		☐ DELETE	4.1 TITLE			Char	nge 🗌 Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		D DELETE	4.4 CITY-S	T-ZIP			inge Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Cuai	ingo [] Addition
NAME			5 2 NAME	T ADDOCCO			
STREET ADDRESS			SI .	T ADDRESS			
CITY-ST-ZIP		□ DELETE	54 CITY-S 5 : TITLE	11 - ∑ k *		☐ Char	inge Addition
TITLE		□ 0¢re1¢	6 2 NAME				J
NAME			W.	TADDRESS			
STREET ADDRESS			3337522				

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. Thereby certify that the information supplied with this filling 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 reports five 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 of the receiver or trustee empoyered 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, with all other like empowered.