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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P93000052465 (0)**1. Corporation Name

WBR & ASSOCIATES, INCORPORATED

FILED May 14 1997 8:00am Secretary of State



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11111 SAN JOSE BLVD #244 JACKSONVILLE FL 32223		11111 SAN JOSE BLVD #244 JACKSONVILLE FL 32223-7948								
					3.	Date Incorporated 07/22/1993	or Qualified	1	e of Last /01/199	
1	lace of Business	2a. Mailing Add	Iress		4.	FEI Number		<u> </u>	├──-	pplied For
]		26				59-3193076	<u> </u>			lot Applicat
Suite Apt	#, etc.	Suite. Apt. #	i, etc.		5.	Certificate of Statu	us Desired			Additional Regulred
L. City & State	е	City & State				Election Campaign	n Financino	····		May Be
		28			1	Trust Fund Contrib	-			to Fees
Zip	Country	Zip	T	Country	8.	This corporation h	as liability for in	stangible 1	ax under	s. 199.032
	25	29	30			Florida Statutes	X	Yes [] No	
	9. Name and Address of Cu	rrent Registered Agent			10.	Name and Addre	ss of New Reg	jistered A	gent	
W	eisntein, rita b			61 Na	me					
	32 WINDRIDGE COURT			82 Str	eet Address (P.	O. Box Number is	Not Acceptabl	e)		
JA	CKSONVILLE FL 32257									
				83						
				B4 City	.,				85 Zir	Code
					y			FL	2.1	, 0000
GNATURe	Electric terms are constant to the electric terms of the electric	od gnaet and life if soulcable	(NOTE: Rec	netered Agent sign	sature required when a	reinstation)		DATE		
GNATUR	Signature typed or prened name of registering				eture required when i		GES TO OFFIC	DATE EDG AND	DIBECTO	NRS IN 12
•		AND DIRECTORS		13.		reinstaling) DDITIONS/CHANG	GES TO OFFIC	ERS AND		
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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. Fifther 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 any fluctment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-78-97

Daytime Phone #

0036671