## FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #  P93000052465**

1. Corporation Name

**WBR & ASSOCIATES, INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| 11111 SAN JOSE BLVD #244<br>JACKSONVILLE FL 32223 | 11111 SAN JOSE BLVD #244<br>JACKSONVILLE FL 32223 |

DO NOT WRITE IN THIS SPACE

**3.** Date Incorporated or Qualifed
**07/22/1993**

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
|---|---|---|---|
| **21** | **26** | **59-3193078** | Not Applicable |

| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certifcate of Status Desired ☐ | **$8.75** Additional Fee Required |
|---|---|---|---|
| **22** | **27** | | |

| City & State | City & State | 6. Election Campaign Financing ☐ Trust Fund Contribution | **$5.00** May Be Added to Fees |
|---|---|---|---|
| **23** | **28** | | |

| Zip | Country | Zip | Country | 8. This corporation owes the current year Intangible Personal Property Tax.  ☒Yes  ☐No |
|---|---|---|---|---|
| **24** | **25** | **29** | **30** | |

| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |
|---|---|---|
| WEISNTEIN, RITA B<br>3932 WINDRIDGE COURT<br>JACKSONVILLE FL 32257 | **81** Name<br>**82** Street Address (P.O. Box Number is Not Acceptable)<br>**83** | |
| | **84** City       FL  **85** Zip Code | |

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 reinstating)         DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE  D | ☐ DELETE | 1.1 TITLE | ☐ Change  ☐ Addition |
| NAME  WEINSTEIN, RITA B | | 1.2 NAME | |
| STREET ADDRESS  3932 WINDRIDGE CT | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP  JACKSONVILLE FL 32257 | | 1.4 CITY-ST-ZIP | |
| TITLE  D | ☐ DELETE | 2.1 TITLE | ☐ Change  ☐ Addition |
| NAME  RUBENS, ELLEN F | | 2.2 NAME | |
| STREET ADDRESS  5093 BRADFORD ROAD | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP  JACKSONVILLE FL 32217 | | 2.4 CITY-ST-ZIP | |
| TITLE  VPD | ☒ DELETE | 3.1 TITLE | ☐ Change  ☐ Addition |
| NAME  BOYCE, SARAH LEE | | 3.2 NAME | |
| STREET ADDRESS  114 THE LOOP RD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP  MT HOLLY NC 28120 | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change  ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change  ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change  ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

**SIGNATURE:** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR          Date          Daytime Phone #

CR2E034 (11/98)