FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000071198 (2)

1. Corporation Name

WPR FLIFL, INC.

44FD 1	OLL, IIIO.				
Principa! Place o	f Business	Mailing Address		i iddisan iin ibibi miste ante gette dates an	
7761 HIGHLANDS CIRCLE MARGATE FL 33063		7761 HIGHLANDS MARGATE FL 330			
				3. Date Incorporated or Qualified 3a. I 09/14/1995	Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number - OWX1381	Applied For Not Applicable
21		26			\$8.75 Additional
Suite, Apt. #,	, etc.	Suite, Apt. #. etc		5. Certificate of Status Desired	Fee Required
City & State		Orty & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangib	le tax under s 199.032,
24	25	29	30	10. Name and Address of New Register	
	9. Name and Address of Current	Registered Agent	B1 Names IA	7 5 6 7	
	w mout		M() (·
MURPHY, RICK L 7761 HIGHLANDS CIRCLE			82 Street Add	ges (P.) HOH CHUD Acceptable	
	IGHLANDS CINCLE ITE FL 33063		83		
MARIOA	ME FE 33003		94 (3)		85 Zip Code, 3
			84 Cit 416		FL 33000 D
11. Pursuant	the provisions of Sections 607.0502	and 607.1508, Florida St	atutes, the above named corpo	ration submits this statement for the purpose o	f changing its registered office ! nt as registered agent. I am
or register) familiar wit	d agent, or both, in the State of Horid and accentage obligations of Secti	ia, iSuch change was aut or 607.0505, Florida Sta	lutes.	ration submits this statement for the purpose o ird of directors. Thereby accept the appointmen	12001
SIGNATURE	(Elland)	(* (10
	Synathie, byund or palined name of registrand agor OFFICERS AN		(NOT): Bagisteres Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	
12.	D OFFICERS AIN	DELETE	1 1 TITLE	TISSITES VI	Change Addition
NAME	KOZAK, MORTON		1.2 NAME		
STREET ADDRESS	7761 HIGHLAND CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY-ST-7IP		
TITLE	D	DELETE	2 1 TiTLE		Change Addition
NAME	KOZAK, BRIGITTE		22 NAME		
STREET ADDRESS	7761 HIGHLAND CIRCLE		2.3 STREET ADDRESS		
CITY-SI-ZIP	MARGATE FL 33063	□ DELETE	2 4 C(TY - ST - ZIP 3 1 TIFLE		Change Addition
TITLE			3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CiTY - ST - ZIP		
CITY - ST - 7IP TITLE		DELETE			Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - 7(P		Change Addition
THILE		DELÉTÉ	l l		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5 4 C-TY - ST - Z-P 6 1 TITLE		☐ Change ☐ Addition
TITLE		C beer in	6.2 NAME		
NAME Proces Aboress			6.3 STREET ADDRESS		
STREET ADDRESS	1		6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this fling 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 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 49-96 X954-973- 430C

CR2E034 (12/95)