

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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90051 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000077497

1. Corporation Name
WRL INVESTMENT MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
201 HIGHLAND AVE **201 HIGHLAND AVE**
LARGO FL 33770 **LARGO FL 33770**
US **US**

2. Principal Place of Business 2a. Mailing Address
21 570 Carillon Parkway **26 PO Box 5068**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 - **27 -**
 City & State City & State
23 St Petersburg FL **28 Clearwater FL**
 Zip Country Zip Country
24 33716-1202 **25 USA** **29 33758-5068** **30 USA**

3. Date Incorporated or Qualified
09/17/1996
 4. FEI Number Applied For
59-3403585 Not Applicable
 5. Certificate of Status Desired -- **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
GEIGER, WILLIAM H
201 HIGHLAND AVE
LARGO FL 33770

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
570 Carillon Parkway
83
84 City **St Petersburg** **FL** **85 Zip Code** **33716-1202**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	KENNEY, JOHN R	
STREET ADDRESS	201 HIGHLAND AVE	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YAEGER, ALAN M	
STREET ADDRESS	201 HIGHLAND AVE	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HURLEY, G. JOHN	
STREET ADDRESS	201 HIGHLAND AVE	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GEIGER, WILLIAM H.	
STREET ADDRESS	201 HIGHLAND AVE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VGC	<input type="checkbox"/> DELETE
NAME	PIERPAN, THOMAS E ESQ	
STREET ADDRESS	201 HIGHLAND AVE	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	570 Carillon Parkway	
1.4 CITY-ST-ZIP	St Petersburg FL 33716-1202	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	"	
2.3 STREET ADDRESS	"	
2.4 CITY-ST-ZIP	"	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	"	
3.3 STREET ADDRESS	"	
3.4 CITY-ST-ZIP	"	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	"	
4.3 STREET ADDRESS	"	
4.4 CITY-ST-ZIP	"	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	"	
5.4 CITY-ST-ZIP	"	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: William H. Geiger **William H. Geiger** 2/25/99 727-299-1831
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)