## 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

DOCUM 1, Corporation I		04 (5)							
WENNICK ENTERPRISES, INC.									
Principal Place o	of Business	Mailing Address		· · · · · ·			BARI ONDIN DAI		01011 01911 1001
% FRANK RAMIREZ % FRANK RAMIREZ									
3934 WEST DAVIE BLVD. 3934 WEST DAVIE BLVD									
FT. LAUDERD	ALE FL 33312	FT. LAUDERDALE FL 3	3312			3. Date incorporated or Qualified		of Last Re	
		·-··			·	04/12/1988	0	4/21/199	
2. Principal Plac	2a. Mailing Address	g Address			4. FEI Number 65-0050647	4. FEI Number Applied I			
21   Suite, Apt. #,	, etc.	26				C \$8.75 Additional			
22	, 2.0.	27	9			5. Certificate of Status Desired	₩.		Required
City & State		City & State				6. Election Campaign Financing	F-1	\$5.00	May Be
23	Country	28	·			Trust Fund Contribution	L.J		d to Fees
Ζφ <b>24</b> ]	Country 25	Zip	30	ntry		8. This corporation has liability for intangible tax under s  Florida Statutes  Yes Yo			
<u>*-1</u>	9. Name and Address of Curre		130]			10. Name and Address of New R		Agent	
		<u></u>		81	Name				
RAMIREZ				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	ST DAVIE BLVD.					· · · · · · · · · · · · · · · · · · ·			
FT. LAUC	DERDALE FL 33312			83					
				84	City	· · · · · · · · · · · · · · · · · · ·	FŁ	85 Zır	p Code
11 Pursuant to	the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the abo	Ve-r	named cornors	ation submits this statement for the nur		enoing its n	registered office
or registere	d agent, or both, in the State of Flori	ida. Such change was authorize	ed by the c	orp	oration's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pintment as	registered	agent. I am
SIGNATURE	i, and accept the congations of, sec	tion dor,0000, riolida otatutes.							
SIGNATURE	Signature, typed or printed name of registered agen	cand title if applicable. (NO	£ Registered	Ager	nt signature required	when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	dp Wennick, Walter J.	☐ DELETE	1. 1 Ti			•	, 1	Change	Addition
NAME STREET ADDRESS	3934 WEST DAVIE BLVD.		1.2 NA		ADDRESS				
CITY-S1-ZIP	FT. LAUDERDALE FL				SI-ZiP				
TITLE		☐ DELETE	2 1 1		77 24	<del></del>		Change	Addition
NAME			22 NAME						
STREET ADDRESS			23 51	RE E 1	ADDRESS				
CITY-ST-ZIP			24 Ct		31 - ZIP				
TITLE		DELETE	3. 1 Ti				[	Change	☐ Addition
NAME			3.2 N/						
STREET ADDRESS CITY-ST-ZIP					T ADDRESS				Y
TITLE	**************************************	□ DELETE	4, 1 1		ST-ZIP		<u>-</u>	] Change	Addition
NAME		<del></del>	4.2 N	ME			-		_
STREET ADDRESS			4.3 S1	REET	F ADDRESS				·
CITY-ST-ZIP			4.4 CI	TY - 9	ST-ZIP				
TITLE	☐ DELETE 5.1		5. 1 T				I	Change	☐ Addition
NAME			5.2 N/						
STREET ADDRESS					F ADDRESS				
CITY-ST-ZIP TITLE		☐ DELE1E	5.4 CI 6. 1 T		ST-ZIP			Change	☐ Addition
NAME			6.2 N/					outlier	L MOVIDOR
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST - ZIP				
14. I do hereby			ished and	doe	s not qualify for	or the exemption stated in Section 119			

1. I do hereby certify that the information supplied with this filing 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 corporate on 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.

SIGNATURE

SIGNATURE AND TYPED OF PROVIDED NAME OF SIGNING OFFICER OF DIRECTOR

04-25-96 954-7917119

R2E034 (12/95)