


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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90046 046 \*\*\*150.00

|   |   |   |   |  |                               |
|---|---|---|---|--|-------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999   |   |  |   | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS                                    |                               |
| DOCUMENT # 203719   |   |   |   |  |                               |
| 1. Corporation Name<br>LOUIS WOHL & SONS, INC.  |   |   |   |  |                               |
| Principal Place of Business<br>11101 N 46TH ST.<br>TAMPA FL 33617<br>US   |   |   | Mailing Address<br>11101 N 46TH ST.<br>TAMPA FL 33617<br>US |  |                               |
| 2. Principal Place of Business  |   | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br>06/25/1957  |                               |
| 21  |   | 26  |   | 4. FEI Number<br>59-0806009  | Applied For<br>Not Applicable |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                               |
| 22  |   | 27  |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |                               |
| City & State  |   | City & State  |   | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |
| 23  |   | 28  |   |  |                               |
| Zip Country   |   | Zip Country   |   |  |                               |
| 24  |   | 25  |   |  |                               |
| 9. Name and Address of Current Registered Agent<br>SIMON, WALTER L.<br>1101 N 46TH ST<br>TAMPA FL 33617   |   |   | 10. Name and Address of New Registered Agent                |  |                               |
|   |   |   | 81 Name   |  |                               |
|   |   |   | 82 Street Address (P.O. Box Number is Not Acceptable)       |  |                               |
|   |   |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |  |                               |
| 12. OFFICERS AND DIRECTORS  |   |   |   |  |                               |
| TITLE   | PD  | <input type="checkbox"/> DELETE   |   |  |                               |
| NAME  | SIMON, WALTER L                               |   |   |  |                               |
| STREET ADDRESS  | 9230 SW 99TH ST                               |   |   |  |                               |
| CITY-ST-ZIP   | MIAMI, FL                                     |   |   |  |                               |
| TITLE   | D   | <input type="checkbox"/> DELETE   |   |  |                               |
| NAME  | SIMON, JEFFREY S                              |   |   |  |                               |
| STREET ADDRESS  | 13220 S W 95 AVE                              |   |   |  |                               |
| CITY-ST-ZIP   | MIAMI, FL                                     |   |   |  |                               |
| TITLE   | S   | <input type="checkbox"/> DELETE   |   |  |                               |
| NAME  | SIMON, JEFFREY S                              |   |   |  |                               |
| STREET ADDRESS  | 13220 S W 95 AVE                              |   |   |  |                               |
| CITY-ST-ZIP   | MIAMI, FL                                     |   |   |  |                               |
| TITLE   | D   | <input type="checkbox"/> DELETE   |   |  |                               |
| NAME  | SIMON, STEVAN S                               |   |   |  |                               |
| STREET ADDRESS  | 37 SHORE DR N                                 |   |   |  |                               |
| CITY-ST-ZIP   | MIAMI, FL 00000                               |   |   |  |                               |
| TITLE   | V   | <input type="checkbox"/> DELETE   |   |  |                               |
| NAME  | PAVER, STEVE                                  |   |   |  |                               |
| STREET ADDRESS  | 15922 NOTTING HILL DR. 17539 FAIRMEADOW DRIVE |   |   |  |                               |
| CITY-ST-ZIP   | TAMPA 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  |   |   |   |  |                               |
| 1.4 CITY-ST-ZIP   |   |   |   |  |                               |
| 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   |   | <input type="checkbox"/> Change <input 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   |   |   |   |  |                               |

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)