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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

382891

(0)

WCA INVESTMENTS, INC.

Country

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Principal Place of Business 401 N ATLANTIC AVE. #406 NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

401 N ATLANTIC AVE. #406 NEW SMYRNA BEACH FL 32169

**FILED** Jan 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

05/26/1971

59-1445049

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

24	25	29	30			Personal Property Tax due Juni	∋ 30. 🔀 Yes [	□ No
g. Name and Address of Current Registered Agent						10. Name and Address of New R	egistered Agent	
ALE	EXANDER, WANDA		Name					
401 N. ATLANTIC AVE. #406				82	Street	Address (P.O. Box Number is Not Accepta	hlel	
NEW SMYRNA BEACH FL 32169				, "-	Ollege.	Address (1.0. Box Northber is Not Accepta	Die)	
				83			<del></del>	
				84	-0.			Q2-
				04	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		13.	•		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
TITLE	S	☐ DELETE	1,1 (	1,1 TITLE			☐ Change	Addition
NAME	ALEXANDER, WANDA		1,2 N	ME				
STREET ADDRESS	401 N ATLANTIC #406			REET .	ADDRESS			
CITY - ST - ZIP	NEW CHYDNA DOLL EL GOOGG		1.4 Ci		710			
TITLE	D	DELETE	2.1 TI			Meredar	Change	Addition
NAME	ALEXANDER, JR, WILLARD C		2.2 N/	ME		and F. Alexander	7	
STREET ADDRESS	401 N ATLANTIC #406		2.3 ST	REET .	ADDRESS	up n Atlantic au	HOG	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	1	2.4C		T-71P	efirector 2016 F. Alexander 401 n. Allantic av new Imyana Beach	Al. 22.169	;
TITLE		☐ DELETE	3.1 TI			The state of the s	☐ Change	Addition
NAME	ALEXANDER, RICHARD A		3.2 NA	ME				ĺ
STREET ADDRESS	401 N ATLANTIC #406		3.3 ST	REET A	ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	•	3.4. C	ITY-S	T- ZIP			
TITLE		DELETE	4.1 TI	ILE			☐ Change	Addition
NAME			4, 2 N	AME				- 1
STREET ADDRESS			4.3 ST	REET	ADDRESS			l
CITY - ST - ZIP			4.4 CI	<u>r</u> y-sī	- ZiP			_
TITLE	····	DELETE	5.1 117	LE			Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI	<u>r</u> y-\$1	- 2IP			
TITLE		DELETE	6.1 TI	Œ			Change	Addition
NAME			6.2 NA	ME				ļ
STREET ADDRESS			6.3 ST	REET	ADDRESS			-
CITY-ST-ZIP			6.4 CI					
14. Thereby 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 trusted 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.								

Country