

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 393540

1. Corporation Name

WHRS INVESTMENT MANAGEMENT, INC.

Principal Place of Business

**4440 PGA BLVD.
SUITE 308
PALM BCH. GARDENS FL 33410
US**

Mailing Address

**P. O. BOX 109620
PALM BCH. GARDENS FL 33410-9620
US**

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90098 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1972

4. FEI Number

59-1380865

Applied For

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

**SUNSHINE, RICHARD C
4440 PGA BLVD, SUITE 308
SUITE 308
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name
Harris, Michael A.
82 Street Address (P.O. Box Number is Not Acceptable)
4440 PGA Boulevard, Suite 308
83
84 City
Palm Beach Gardens **FL** 85 Zip Code
33410

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 **Michael A. Harris** **March 31, 1999**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HOLIN, HERBERT F**
STREET ADDRESS **4440 PGA BLVD., SUITE 308**
CITY-ST-ZIP **PALM BCH. GARDENS FL**

TITLE **STD** ☒ DELETE

NAME **RENTNER, JAMES D**
STREET ADDRESS **4440 PGA BLVD., SUITE 308**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **VD** ☐ DELETE

NAME **HARRIS, MICHAEL A.**
STREET ADDRESS **4440 PGA BLVD., SUITE 308**
CITY-ST-ZIP **PALM BCH. GARDENS FL**

TITLE **PD** ☒ DELETE

NAME **SUNSHINE, RICHARD C**
STREET ADDRESS **4440 PGA BLVD., SUITE 308**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD
Harris, Michael A.
4440 PGA Boulevard, Suite 308
Palm Beach Gardens, Florida 33410

SD
Gibbons, Charles R.
4440 PGA Boulevard, Suite 308
Palm Beach Gardens, Florida 33410

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 **Michael A. Harris** **March 31, 1999** **561-694-6160**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (1/98)