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PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

03-11-1999 90034 048 ***150.00

r. Corporation	MENT # 434667 WZE CORPORATION	•					
Principal Place	e of Business	Mailing Address			I (3011) BIBTH HIRI WININ DIRIU IBBT BI	BIL BIEN BIBN BIBN BIBN BI	Dir albri 1881
1701-606 GULF		1701-606 GULF MEXICO DR					
LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	nis SFACE	
					. 09/10/1973		
Principal Place of Business 2a. Mailing Address				4. FEI Number	Apr	olied For	
21		26		59-1506263	<u> </u>	Applicable	
-· <u> </u>		Suite, Apt. #, etc.	ŧ, etc.		_	\$8.75 A	dditional
22	•	27			5. Certifcate of Status Desired	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23					Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax Yes No		
24	25		30		Personal Property Tax. 10: Name and Address of New Registe		
	9. Name and Address of Curre	nt Registered Agent	81	Name	IV. Name and Address of New Negrote	ica zigoni	
ном	VZE, JAMES A						
	1-606 GULF MEXICO DR		82	Street	Address (P.O. Box Number is Not Acceptable)		
	GBOAT KEY FL 34228		83				
			<u> </u>		<u></u> -	a= =:- c	
			84	City		FL 85 Zip C	,oue
office or re agent. I as SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut ations of, Section 607.0505, Flori	thorized by ida Statutes	the corpo	oration's board of directors. I hereby accept the a	ppopuluient as rec	istered
SIGNATORE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE, f	Registered Age	nt signature r	required when reinstating) DATI		
12.		ND DIRECTORS	Registered Age	nt signature r	required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	
				nt signature r			RS IN 12
12.	OFFICERS A PSTD HOWZE, JAMES A.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME			S AND DIRECTO	
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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, pr on an attachment with an address, with all other like empowered.

SIGNATURE: