

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90092 038 ***158.75

DOCUMENT # F96000000010

1. Corporation Name

WHITSYMS LIMITED INCORPORATED

Principal Place of Business

5 SOUTHERN CROSS LANE
APT. 207
BOYNTON BEACH FL 33436
US

Mailing Address

5 SOUTHERN CROSS LANE
APT. 207
BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

65-0639453

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



2. Principal Place of Business

21 100 E. Linton Blvd.

2a. Mailing Address

26 P. O. Box 3578

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Delray Bch, FL.

City & State

28 Boynton Bch, FL.

Zip

24 33483

Country

25 USA

Zip

29 33424

Country

30 USA

9. Name and Address of Current Registered Agent

ANDERSON, DONOVAN
5 SOUTHERN CROSS LANE
APT. 207
BOYNTON BEACH FL 33436

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

D. Anderson - (DONOVAN ANDERSON)

1-4-98

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 PC ☐ DELETE

NAME ANDERSON, DONOVAN B
STREET ADDRESS 5 SOUTHERN CROSS LANE, APT 207
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE TD ☒ DELETE

NAME STOKES, BEVERLY
STREET ADDRESS 5451 D SW 11TH ST
CITY-ST-ZIP MARGATE FL 33068

TITLE SD ☒ DELETE

NAME ANDERSON, SHARON
STREET ADDRESS 5 SOUTHERN CROSS LANE, SPT 207
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. Anderson - (DONOVAN ANDERSON) 1-4-99 561-279642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0370019