

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90017 027 ***550.00

DOCUMENT # F97000002619

1. Corporation Name

THE WITLEY GROUP, INC.



Principal Place of Business

Mailing Address

251 ROYAL PALM WAY
SUITE 303
PALM BEACH FL 33480

251 ROYAL PALM WAY
SUITE 303
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

65-0740452

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

2a. Mailing Address

21 1400 Centrepark Blvd

26 1400 Centrepark Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 601

27 Suite 601

City & State

City & State

23 West Palm Beach

28 West Palm Beach

Zip

Zip

Country

Country

24 33401

25 USA

29 33401

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHERER, WARREN
251 ROYAL PALM WAY
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1400 Centrepark Blvd.

83 Suite 601

84 City

West Palm Beach FL

85 Zip Code

33401

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 DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE C ☐ DELETE

NAME SCHERER, WARREN
STREET ADDRESS 11855 RENE LACOSTE PLACE
CITY-ST-ZIP WEST PALM BEACH FL 33414

1.1 TITLE

1.2 NAME William A. Paquin
1.3 STREET ADDRESS 17248 Golf Pine Circle
1.4 CITY-ST-ZIP Wellington, FL 33414

TITLE D ☐ DELETE

NAME BROWN, MARTIN
STREET ADDRESS BROOK FARM HOUSE, BROOK SURREY
CITY-ST-ZIP UNITED-KINGDOM GU85PX

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE DVS ☐ DELETE

NAME WOODROW, GORDON
STREET ADDRESS 865 LENAPE ROAD
CITY-ST-ZIP WEST CHESTER PA 19380

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MACSONNELL, ROBERT A
STREET ADDRESS 123 SOUTH BROAD STREET
CITY-ST-ZIP PHILADELPHIA PA 19109

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)