Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90127 042 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **G89127**

| THE WE | ALTH MERCHANT, INC. | | | | | |
|---|--|--|--|---|------------------------------|-------------------------------------|
| Principal Place | e of Business | Mailing Address | | | HEN GIEN ENEN EI | DIA BIBH ABB |
| 16956 SOUTH MCGREGON BOULEVARD POST OFFICE BOX 3322 FT. MYERS FL 33908 WEST PALM BEACH FL 33402 US | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/07/1984 | | | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | App | lied For |
| 21 | | 26 PO Boy 6 | 1036 | 59-2568690 | Not | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 A | _ |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Rec | uired |
| City & State | e | City & State 28 Fon T Myens | PL | Election Campaign Financing Trust Fund Contribution | \$5.00 N Added to | - , |
| Zip | Country 25 | Zip 29 33 906 3 | Country U 5 | This corporation owes the current year In Personal Property Tax. | | 52€No |
| 24 | 9. Name and Address of Curre | <u> </u> | | 10. Name and Address of New Registered | Agent | |
| MYENS, TOMMY 16950 SOUTH MCGREGON BOULEVARD FT.MYERS FL 33908 | | | 83 84 City | ress (P.O. Box Number is Not Acceptable) | 85 Zip C | ode LAS 2 |
| 1 | | | | | | |
| 11. Pursuant office or ragent. I a | | 562 and 507.1508, Florida Statutes a of Florida. Such change was aut gations of Section 607.0505, Floridations of Section 607.0505, Floridation (NOTE: Report of Note: Report of Note: Report of Note: Report of Note: Repor | the above-named corhorized by the corporate a Statutes. On my O O Opening the statute of the statute | poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo | changing its rintment as reg | registered istered |
| 1 | Signature, typed or printed name of registered ag | 562 and 607.1508, Florida Statutes a of Florida. Such change was aut actions of Section 607.0505, Florid geyrand Title (NOTE: R | the above-named corporate the corporate that statutes. Onny of the corporate that the co | poration submits this statement for the purpose of clien's board of directors. I hereby accept the appointment of the purpose | ND DIRECTOR | RS IN 12 |
| SIGNATURE | Signature, typed or printed in the of registered ag | ger and title a server (NOTE: F | OMMY My Agictared Agent signature/equin | red when reinstating) DATE | 8113 | |
| SIGNATURE | Signature, typed or printed name of registered at OFFICERS | gen and the NOTE: A | OMMY MY Legistered Agent signature equired 13. | red when reinstating) DATE | ND DIRECTOR | RS IN 12 |
| SIGNATURE 12. TITLE | PT MYERS, TOMMY W 16956 SOUTH MCGREGON E | (NOTE: R | agictared Agent signature equir | red when reinstating) DATE | ND DIRECTOR | RS IN 12 |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered as OFFICERS PT MYERS, TOMMY W | (NOTE: R | anistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | red when reinstating) DATE | ND DIRECTOR | RS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | PT MYERS, TOMMY W 16956 SOUTH MCGREGON E FORT MYERS FL S | (NOTE: R | animory and agent signature requirements of the signature | red when reinstating) DATE | ND DIRECTOR | RS IN 12 |
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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 of the receive 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 autocurrent with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

OELETE

941- 936.8747

Change

Addition