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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90046 015 ***150.00

DOCUMENT # H57236 1. Corporation Name

WESCOSA-FLORIDA, INC.

| Principal Place | e of Business | Mailing Address | | | | - - | O DE LIGHT DE LE CONTRACTOR DE LA CONTRA | | BIL BIBIL BIBIL 1881 |
|--|---|---|---|---|-------------------------------|--|--|-----------|---|
| 2788 S FINANCIAL CT | | 2788 S FINANCIAL CT | | | | | | | |
| SANFORD FL 32773 | | SANFORD FL 32773 | | | | | | | |
| US | | US | | | | | RITE IN THIS | SPACE | |
| | | | | | | 3. Date Incorporated or Qualife 05/10/1985 | ed | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | ·- T · | Applied For |
| 21 | | 26 | | | | 59-2543793 | | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | \$8.7 | 5 Additional | | |
| 22 | | 27 | | 5. Certifcate of Status Desired | | Fee | Required | | |
| City & State | | City & State | | | 6. Election Campaign Financin | | \$5.0 | 0 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | » 🗆 | - | ed to Fees |
| Zip | Country | Zip | Countr | 'n | | 8. This corporation owes the co | urrent year Int | angible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | Yes | □No |
| | Name and Address of Current | t Registered Agent | | | | 10. Name and Address of Nev | v Registered | Ágent | |
| 0011 | . EV. EDIO | | 8 | 1 Nan | ne | | | | |
| | LEY, ERIC | | 82 | 2 Stre | et Addre | ss (P.O. Box Number is Not Acce | ntable) | | |
| 112 ROSEBRIAR DRIVE | | | " | - 0 | | os () . o. sox i tambér la trot / toco | plabia, | | |
| LON | GWOOD FL 32750 | | 83 | 3 | | | | | |
| | | | 84 | 4 City | | | FL | 85 Z | ip Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes | | | as the abov | | ad aarna | estion authority this statement for th | | obonoina | ite registered |
| office or re | egistered agent, or both, in the State | of Florida. Such change was at | uthorized by | y the co | prporation | ration submits this statement for the statement for the statement of the statement of the statement for the statement fo | ept the appoin | ntment as | registered |
| agent. I ar | m familiar with, and accept the obliga | tions of, Section 607.0505, Flor | rida Statute | S. | | - | | | |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE: D DIRECTORS | | ent signatu | re required v | when reinstating) | DATE | D DIDEO | TODO 11. 40 |
| TITLE | | D DIKECTORS | 13. | | | | | | |
| DILLE | | □ DELETE | _ | | | ADDITIONS/CHANGES TO C | JEFICERS AN | | |
| NAME | PD COLLEY EDIC V | ☐ DELETE | 1.1 TITLE | | | ADDITIONS/CHANGES TO C | JEFICERS AN | □ Chanç | |
| NAME | COLLEY, ERIC V. | ☐ DELETE | 1.1 TITLE 1.2 NAME | | | ADDITIONS/CHANGES TO C | JFFICERS AN | | |
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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 chapted, or on, an attachment with an address, with all other like empowered.

SIGNATURE: