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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J24745 1. Corporation Name

WCB INVESTMENTS, INC.

	•							
Principal Place	e of Business	Mailing Address					IBII BIBII BIBII BIBII BI	1811 81811 1881
% ANNE C. BENT		% ANNE C. BENT	% ANNE C. BENT			ļ		
		1708 SW 24TH ST				DO NOT WRITE IN THIS CRACE		
FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315			3315			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
O Malling Address						07/18/1986 4. FEI Number	Ani	plied For
2. Principal Place of Business 2a. Mailing Address						59-2698463	- 	t Applicable
21 26 Suite			e, Apt. #, etc.			39 2030403	\$8.75 A	
						5. Certifcate of Status Desired	Fee Red	
22 City & Stat			City & State			6. Election Campaign Financing	\$5.00	May Re
23		⊢ ′	28			Trust Fund Contribution	Added to	
Zip Country Zip			Country			8. This corporation owes the current year	ar Intangible	
24	25					Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curre					10. Name and Address of New Registe	red Agent	
				81	Name		•	
	T, ANNE C.			82	Street A	ddress (P.O. Box Number is Not Acceptable) ·	 	
1708 SW 24TH ST				Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33315				83			\$-	}
				84	City		85 Zip C	Code
	•			1	City		FL	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida S	tatutes, the a	bove	-named c	orporation submits this statement for the purpos	e of changing its	registered
office or r	egistered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change w	as autnorized	יעם נ	the corbor	ation's board of directors. I hereby accept the a	ppolitiment as reg	gistered
_	The state of the s	,						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	NOTE: Registered	l Agen	t signature req	uired when reinstating) DAT		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	j P	DELETE 1.1 T		TLE			☐ Change	☐ Addition
NAME	BENT, WILLIAM C.		1.2 N	AME	l			i
STREET ADDRESS	,	1	1.3 S	TREET	ADDRESS		•	
CITY-ST-ZIP	FT LAUDERDALE FL			TY-S1	T-ZIP		— Ghanas	Addition
TITLE	ST	☐ DELET	E 2.1 TI	TLE			☐ Change	☐ Addition
NAME .	BENT, ANNE C.		22 N	AME				
STREET ADDRESS	1708 SW 24TH ST	2.33		TREET	ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL				T-ZIP	<u> </u>		- Addition
TITLE .		☐ DELET	,		2 B	e e e e e e e e e e e e e e e e e e e	Change	Addition
NAME	}		3.2 N	AME	1			<u> </u>
STREET ADDRESS					ADDRESS			Ļ
CITY-ST-ZIP					T-ZIP		Change	Addition
TITLE		DELET			ļ	•	[_] Onlinge	
NAME		•	4.21		1			{
STREET ADDRESS		et e			FADDRESS			
CITY-ST-ZIP		DELET			T-ZiP			Addition
TITLE		· I I DELET	E 5.1 T				Change	
NAME	i	בן טבנני			1		Change	_
STREET ADDRESS			5.2 N	AME	TADDDESS		[] Change	_
l		,	5.2 N 5.3 S	AME TREET	FADDRESS		· [] Change	_
CITY-ST-ZIP			5.2 N 5.3 S 5.4 C	AME TREET	TADDRESS T-ZIP			☐ Addition
TITLE		,	5.2 N 5.3 S 5.4 C E 6.1 TI	AME TREET TY-S	[Change	[] Addition
			52 N 53 S 54 C E 6.1 TI 6.2 N	ame Treet Ty-s: Tle Ame	[, , , , , , , , , , , , , , , , , , ,		Addition

6.4 CITY-ST-ZIP 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:

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90034 017 ***150.00