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PROFIT CORPORATION ANNUAL REPORT-



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

J31450

(6)

1. Corporation Name WPL, INC.



96 JAN 23 PM 4: 12

SECHETARY OF STATE TALLAHASSEE, FLORIDA



| rincipal Place of | Husiness | | | | | | | | | |
|--|---|--------------------------------|--|--|--|-----------------|---|-------------------------------------|--|--|
| 6529 CENTRAL AVE. ST. PETERSBURG FL 33710 | | | 6529 CENTRAL AVE. St. Petersburg FL 33710 | | | | | | | |
| | | | | | | | Date Incorporated or Qualified 09/03/1986 | | ite of Last I 03/10/19 | 95 |
| Principal Place | e of Business | 2a. | Mailing Address | | | | 4. FEI Number | | _ | Applied For |
| . Principal Flaci | e or thosphoso | 26 | Ü | | | | 59-2840882 | | | Not Applicable |
| l - Suite, Apt. #, I | etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | 5 Additional Required |
| City & State | | | City & State | | | | Election Campaign Financing Trust Fund Contribution | | Add | 00 May Be ed to Fees |
| Z _(p) | Country 25 | | Zφ | 30 | intry | | | es ∐No | | s 199.032, |
| | 9. Name and Address of Cu | | ered Agent | | | | 10. Name and Address of New | Registere | d Agent | |
| | | | | | 81 Nam | e | | | | |
| | BERG, DAVID A. | | | | 82 Stree | et Address | (P.O. Box Number is Not Accept | able) | | |
| 6529 CENTRAL AVE. ST. PETERSBURG FL 33710 | | | | | 83 | | | | | |
| | | | | | 84 City | | | F | LII | Zip Code |
| | | 0F00 and 60 | 7 1509 Florida Statu | tes the abi | nve-named | corporation | on submits this statement for the of directors. I hereby accept the a | purpose of | changing it | s registered offic |
| or registere | i, and accept the obligations of, | Section 607.0 | 0505, Florida Statute | s. | | | on submits this statement for the lof directors. I hereby accept the a | | | |
| IGNATURE | Styr at its typed or printed name of registeres | a protand the fla | appleade (N | OTE Registere | d Agent signatu | w beriuper an | hen reinstating) | DATE | | TODE IN 12 |
| IGNATURE | Styriature typed or printed name of registeres | apriland the Ka S AND DIREC | TORS | OTE Registere | | ire required w | ADDITIONS/CHANGES TO C | FFICERS A | ND DIREC | TORS IN 12 |
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| IGNATURE S | OFFICERS DV LOEBENBERG, DAVID A. | | TORS | 13. | | ore required w | ADDITIONS/CHANGES TO C SOC -02/0 | 0001 0001 6/96 | IND DIRECTOR | |
| GNATURE | DV LOEBENBERG, DAVID A. 6529 CENTRAL AVE. | | TORS | 13. 1.1 1.21 | TITLE | | ADDITIONS/CHANGES TO C SOC -02/0 | 0001 0001 6/96 | IND DIRECTOR | |
| GNATURE S 2. LE ME HIEF ADDRESS | OFFICERS DV LOEBENBERG, DAVID A. | | TORS DELETE | 13. 1.1 1.21 1.3: 1.4) | TITLE NAME STREET ADDRES COTY-ST-ZIP | | ADDITIONS/CHANGES TO C SOC -02/0 | 0001 0001 6/96 | O1U4 | *-9-4460 |
| GNATURE S 2. RLE ME HEEF ADDRESS TY: ST-ZIP | DV LOEBENBERG, DAVID A. 6529 CENTRAL AVE. ST. PETERSBURG FL | S AND DIREC | TORS | 13. 1.1 1.21 1.3: 1.4) | TITLE NAME STREET ADDRES | | ADDITIONS/CHANGES TO C SOC -02/0 | 0001 0001 6/96 | IND DIRECTOR | *-9-4460 |
| GNATUREs 2. RLE ME HEEF ADDRESS TY ST-ZIP LLE | DV LOEBENBERG, DAVID A. 6529 CENTRAL AVE. ST. PETERSBURG FL D MERMELSTEIN, SANDRA | S AND DIREC | TORS DELETE | 13. 1.1 1.21 1.33 1.41 2.1 | TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME: | ss | ADDITIONS/CHANGES TO C SOC -02/0 | 0001 0001 6/96 | O1U4 | |
| GNATURE 5 2. REF MME HEFF ADDRESS LY: S1-ZIP REF | DV LOEBENBERG, DAVID A. 6529 CENTRAL AVE. ST. PETERSBURG FL D MERMELSTEIN, SANDRA 1568 OAK LANE | S AND DIREC | TORS DELETE | 13. 1.1 1.21 1.33 1.4 2.1 2.2 2.3 | TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRE | ss | ADDITIONS/CHANGES TO C SOC -02/0 | 0001 0001 6/96 | O1U4 | |
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| GNATURE s 2. REF AME HEELAODRESS 11'-S1-ZIP TUE AME HEELAODRESS HEY-S1-ZIP TUE | DV LOEBENBERG, DAVID A. 6529 CENTRAL AVE. ST. PETERSBURG FL D MERMELSTEIN, SANDRA 1568 OAK LANE CLEARWATER FL D LOEBENBERG, MICHAEL | S AND DIREC | TORS DELETE | 13. 1.1 121 1.3: 1.4) 2.1 2.2 2.3 2.4 3.1 3.2 | TITLE NAME STREET ADDRES CHY-ST-ZIP TITLE NAME STREET ADDRE CHY-ST-ZIP TITLE NAME | SS D LO | ADDITIONS/CHANGES TO C SOC -02/0 **** EBENBERG, MICH. | FFICERS A DC 1 6/96 200.00 | Change Change | Addition |
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I do hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 119.0/(S)KK), Florida Statutes. 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 15 the changed, or on an attachment with an address.

SIGNATURE:

ED OR PRINTED HAND SEEMING OFFICER OR DIRECTOR

January 16th, 1996

(813) 347-Daytime Phone • 8900