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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

J41095

(7)

WIREPRO, INC.

44-2... 6-1----

FILED May 05 1998 8:00am Secretary of State



mincipal riac	o di financea	Walling Address	1			
275 21ST AVE NE ST PETERSBURG FL 33704		275 21ST AVE NE				
		ST PETERSBURG FL 33704				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/27/1986
2. Principal P	lace of Business	2a. Marling Addr	ess			4. FEI Number Applied For
21		26	¬			59-2736738 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				SR 75 Additional
22		27				5. Certificate of Status Desired Fee Regulred
City & State	6	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	7 _{IP}	T Co	ountry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	,		Personal Property Tax due June 30. Yes No
24	g. Name and Address of Currer		30	1		10. Name and Address of New Registered Agent
LAZA				81	Name	10.
	VRNER, JON					
	5 21ST AVE NE		82 Street Ad		Street Ac	ddress (P.O. Box Number is Not Acceptable)
ST	PETERSBURG FL 33704			00		
				83		
				84	City	85 Zip Code
					,	FL S Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florid	da Statutes, the	above	named co	orporation submits this statement for the purpose of changing its registered
office of r	egistere d agent, or both, in the State m famil iar with, and accept the oblig	rot Florida. Such char ations of, Section 607.	ige was authoriz 0505: Florida St	ea by atutes	rtne corpo S.	oration's board of directors. I hereby accept the appointment as registered
-	- ' '	·	,			
SIGNATURE	Signature, typed or printed name of registered ag-	ent and little if applicable	(NOTE: Register	ed Age	ni signature re	equired when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO	☐ DE	LETE 1.1	TITLE		☐ Change ☐ Addition
NAME	WARNER, JON		1.2	NAME		
STREET ADDRESS	275 21ST AVE NE		13	STRFFI	ADDRESS	
	ST PETERSBURG FL					
CITY-ST-ZIP TITLE	VST	☐ DE		CITY-S TITLE	1 - EIF	Change Addition
****	DESTOPPCLAIRE, JUSTIN		1			
NAME			•	NAME		
STREET ADDRESS	275 21ST AVE NE				ADDRESS	
CITY-ST-ZIP	\$T PETERSBURG FL			CITY-S	ST-ZIP	
TITLE	D	□ DE	Lt (t 3.1	TITLE		Change Addition
NAME	WARNER, ROSEMARY		3.2	NAME		
STREET ADDRESS	275 21ST AVE NE		3.3	STREET	ADDRESS	
CITY-ST-ZIP	\$T PETERSBURG FL			CITY-5	ST-ZIP	
TITLE		☐ DE	LETE 4.1	TITLE		☐ Change ☐ Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3	STREET	ADDRESS	
CITY-ST-ZIP				CITY - S		
TITLE		☐ DE	LETE 51	TITLE		Change Addition
NAME				NAME		
					*DDDCCC	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY - S	1 - ZIP	
TITLE				TITLE	1	Change Addition
NAME			6.2	NAME		
\$TREET ADDRESS			6.3	STREET	ADDRESS	
CITY-ST-ZIP			6.4	CITY-S	T-71P	

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.

3- 00 012 O26 A