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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J91014

(7)

W J & S FINANCING, INC.

Principal Place of Business	Mailing Address
i420 Maule Way	PO BOX 16245
Jagnolia Park FL 33407	WEST PALM BEACH FL 33416-6245
Js	US

**FILED** May 08 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			T LOCATION BANGET ENDER THOSE BRIDES BANGET
6420 MAULE WAY MAGNOLIA PARK FL 33407 US PO BOX 16245 WEST PALM BEACH FL 33416-6245 US					
					3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0010709 Not Applicable
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27					5. Certificate of Status Desired S8.75 Additional Fee Required
City & State 23 MA	ngonia Park	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Country	<b>y</b>	8. This corporation has liability for intangible tax under s. 199.032,
24	25		30		Florida Statutes
	g. Name and Address of Current	Registered Agent	81	1	10. Name and Address of New Registered Agent
	RIEL, GLORIA A		61	Name	e e e e e e e e e e e e e e e e e e e
800 RANCH RD WEST PALM BEACH FL 33411			82	Street	et Address (P.O. Box Number is Not Acceptable)
WEX	SI PALMI DEAUTI PL 00411		B3		
			84	City	■ 85 Zip Code
					<b>FL</b>
11, Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	<sup>1</sup> and 607.1508, Florida Statuti of Florida. Such change was a tions of, Section 607.0505, Flo	es, the abov authorized b orida Statute	e-named y the corr s.	ed corporation submits this statement for the purpose of changing its registered progration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NO1	L: Registered Ap	ent signatura	ure required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ST	DELETE	1.1 TITLE		Change Addition
NAME	JARRIEL, GLORIA A.		1.2 NAME		
STREET ADDRESS	800 RANCH ROAD		1.3 STREE	ADDRESS	; [
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CHTY-	S1-ZIP	
TITLE	VP	☐ DELETE	2.1 1IILE		President Michange Addition
NAME	WICHTERMAN, THOMAS		2.2 NAME		
STREET ADDRESS	5662 SNEAD CIRCLE		2.3 STREE	T ADDRESS	<b>;</b>
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY-	ST-ZIP	
TITLE	P CONTROL DODGOT !!	(Z) DELETE	3,1 TITLE		Change Addition
NAME	STRATTON, ROBERT H.		3.2 NAME	•	
STREET ADDRESS	2833 CROSLEY DR W VILL D			ADDRESS	5
CITY-ST-ZIP	WEST PALM BEACH FL	Libriese	3.4. CITY-	ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			1	T ADDRESS	;
CITY-ST-ZIP	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	DELETE	4.4 CITY - 5.1 TITLE	S1 - ZIP	Change Addition
NAME		becere	5.2 NAME		E.J Onwings E.J Addition
			1	1 40000000	
STREET ADDRESS				1 ADDRESS	,
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE	51-ZIP	Change Addition
NAME		_ veetit	6.2 NAME		Containing Control Control
	,			1 40000000	,
STREET ADDRESS			1	I ADDRESS	,
CITY-ST-ZIP			64 CHY-	SI-ZIP	

roo nereby 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 eath; 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 Hopf 157, changed, or on an invachment with an address.