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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J96726**

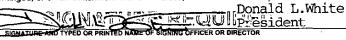
1. Corporation Name

WILLIAM LOUIS INVESTMENTS, INC.						A CANADA SANA SANA SANA SANA SANA SANA SANA	1 t a 41
	•				•		
	(5)	Mailing Address					
Principal Place of Business Mailing Address							
3303 N. DIXIE HWY. 3303 N. DIXIE HWY. BOCA RATON FL 33431 BOCA RATON FL 33431							
DOOR HATON	, L 00701					DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						10/09/1987	
2. Principal Place of Business 2a. Mailing Address						4, FEI Number Applied Fo	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						65-0026594 Not Applic \$8.75 Addition	
Suite, Apt. #, etc Suite, Apt. #, etc 27						5. Certificate of Status Desired Fee Required	ai
City & State City & State						6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip Country Zip			Country			8. This corporation owes the current year Intangible	
24	25 29 30		10			Personal Property Tax. Yes No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
NARLINAL	TE DONALD !		۱	31	Name		ĺ
WHITE, DONALD L. 23367 DRAYTON DR.				32	Street Addre	ess (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33433			į.	83			
500	A 1941 CM 1 L 00400		['	۱۳			
			8	34	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abo	ove	named corpo	oration submits this statement for the purpose of changing its register	red
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was aut jations of, Section 607.0505, Florid	nonzeo t da Statut	oy t es.	ne corporatio	on's board of directors. I hereby accept the appointment as registered	' {
SIGNATURE							_
	Signature, typed or printed name of registered ag			gent	signature required	d when reinstating) DATE	42
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	ddition
TITLE	DP DONALD I	C) Deceie	1.2 NAM			· · · · · · · · · · · · · · · · · · ·	
NAME	WHITE, DONALD L. 23367 DRAYTON DR.		1		ADDRESS		
STREET ADDRESS	BOCA RATON FL.				- 1	,	}
CITY-ST-ZIP	D	□ DELETE	1.4 CITY 2.1 TITL		- ZIF	☐ Change ☐ A	ddition
NAME	STAPLES, CHARLES W.		2.2 NAM				
STREET ADDRESS	270 N.W. 36TH ST.		I		ADDRESS		1
CITY-ST-ZIP	BOCA RATON FL		.2.4 CIT				1
TITLÉ			3.1 TITU			☐ Change ☐ A	dditian
NAME	-		3.2 NAM	E			Ì
STREET ADDRESS			3.3 STR	EET,	ADDRESS		
CITY-ST-ZIP	·		3.4. CIT	Y-S <u>T</u>	r- <i>z</i> ıp		
TITLE		☐ DELETE	4.1 TITL	E		☐ Change ☐ A	Addition
NAME			4. 2 NAS	Æ			
STREET ADDRESS			4.3 STR	EET/	ADDRESS		ļ
CITY-ST-ZIP		<u> </u>	4.4 CITY		-ZIP		44111
TITLE '		☐ DELETE	5.1 TITL			☐ Change ☐ A	Addition
NAME			5.2 NAM				{
STREET ADDRESS					ADDRESS		{
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITL		-217	☐ Change ☐ A	ddition
TITLE		(7.nere.ie	6.2 NAM			· · · · · · · · · · · · · · · · · · ·	
NAME			1		ADDRESS		
STREET ADDRESS	i		- 0.0 O III		,		- 1

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.

6.4 CITY-ST-ZIP

SIGNATURE:



561-<u>3</u>92-7001

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

04-12-1999 90011 041 ***150.00