PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K36636 1. Corporation Name

WBK INVESTORS, INC.

Principal Place of Bu	
2948 ZAHARIAS DR	
OOLANDO EL 22027	

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90056 019 ***150.00



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Principal Place	of Business	Mailing Address		ì					
2948 ZAHARIAS DR 2948 ZAHARIAS DR ORLANDO FL 32837 US US						•			
						DO NOT WRITE IN THIS SPACE			
US						3. Date incorporated or Qualified			i
							,	•	i i
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		pplied For	
	acc of business	26				65-0089470		tot Applicable	
Suite, Apt.	# etc	Suite, Apt, #, etc.					\$8.75	Additional	(
	w, C16.	27				5. Certificate of Status Desired	Fee F	Required	
City & State		City & State				6Election Campaign Financing	\$5:00) May Be	
City & State			<u></u>	- ~=		Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	Intangible		
	_ `	29	30	-		Personal Property Tax.	Ŭ Yes	□No	1
24	9. Name and Address of Curren		30	_		10. Name and Address of New Register	ed Agent]
	s. Name and Address of Control	r volisteren vilet		81 N	lame				l
REO	ue, robert p								ı
	ZAMADIAS DR			82 S	Street Addres	ss (P.O. Box Number is Not Acceptable)			l
	EG 15A REM	MOVE SUITE	=	83					ĺ
	ANDO FL 32837								
OnL	ANDO FL 32037			84 C	Lity		85 Zip	Code	Į.
				Щ_		-	_ ;	a registered	1
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut of Florida, Such change was a	es, the a uthorized	bove-na	amed corpor corporation	ration submits this statement for the purpose is board of directors. I hereby accept the ap	pointment as	egistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Stat	utes.		's board of directors. I hereby accept the ap		+	ł
SIGNATURE									ĺ
	Signature, typed or printed name of registered ager		_	Apent sign	mature required v	when reinstating) DATE	AND DIDECT	ODE BL12	CR2E034 (11/98)
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change		至
TITLE	VP	☐ DELETE	1.1 Π					,	=
NAME	KENNEY, C PATRICK		1,2 N	AME .					점
STREET ADDRESS	31106 SENACA LANE		1.3 5	REET ADD	DRESS				田田
CITY-ST-ZIP	NOVI MI		140	TY-ST-ZE	Р				K
TITLE	PRESIDENT	DELETE	2.1 TI	πe			☐ Change	☐ Addition	•
NAME	ROBERT P. BEGU	2	2.2 N	ME	}	حصير المحادثات	· -		i
STREET ADDRESS	ROBERT P. BEGU 2948 ZAHARIAS	DK,	2.3 5	PREET ADI	DRESS				ı
CITY-ST-ZIP	ORLANDO, FL. 3	3 2 837-	2.40	TY-ST-ZI	P				į
TIFLE		☐ DELETE	3 1 TI	TLE			Change	Addition	l
NAME			32 N	ME					1
STREET ADORESS			~ 3.3 S	REET ACC	DRESS	سنيسسان والمتعلق والمستعاد ووالمتعادي			
			34.0	ary-st-za	p)
CITY-ST-ZIP		DELETE	4.1 TI				☐ Change	Addition	1
NAME			4.2N	AME			* * * *		İ
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STREET ADDRESS				TY-ST-ZIF	Į.				1
CITY-ST-ZIP_		DELETE	5.1 TI				Change	☐ Addition	1
TITLE		ا عبيباد	52 N		1		_ •	••	1
NAME				TREET ADO	ORESS				
STREET ADDRESS									1
CITY-ST-ZIP		D no rec	6.1 TI	TY-ST-ZE	r		Change	Addition	1
TITLE		DELETE			Ì			L.,	l
NAME			6.2 N	-			•		
STREET ADDRESS			6.35	TREET ADO	ORESS)
i	1				e 1				1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Floride 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 chapted, or on an attachment with an address, with all other like empowered.