

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 10:21

DOCUMENT # L04308

(7)

1. Corporation Name

WORD PROS, INC.

Principal Place of Business

5018 SW 92ND AVE.
COOPER CITY FL 33328

Mailing Address

5018 SW 92ND AVE.
COOPER CITY FL 33328

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/24/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0132431

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 12622 Gandalf Ln.

Suite, Apt. #, etc.

22

City & State

23 Jacksonville FL

Zip

24 32225

Country

25 Duval

2a. Mailing Address

26 12622 Gandalf Ln.

Suite, Apt. #, etc.

27

City & State

28 Jacksonville FL

Zip

29 32225

Country

30 Duval

9. Name and Address of Current Registered Agent

KIKUCHI, PAMELA
5018 S.W. 92 AVE.
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 12622 Gandalf Lane

84

City Jacksonville

FL

85

Zip Code 32225

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Pamela Kikuchi

(NOTE: Registered Agent signature required when registering)

June 1, 1995
DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD
KIKUCHI, PAM
5018 SW 92ND AVE.
COOPER CITY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VSD
KIKUCHI, RANDY
5018 SW 92ND AVE.
COOPER CITY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☒ Change ☐ Addition

12622 Gandalf Lane
Jacksonville, FL 32225

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☒ Change ☐ Addition

12622 Gandalf Lane
Jacksonville, FL 32225

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Pamela Kikuchi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 1, 1995
DATE

904-221-7333