PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L 25576

1. Corporation Name

DAVID S. WILLIG, CHARTERED

(4)

FILED Aug 17, 1999 8:00 am Secretary of State 08-17-1999 90006 005 ***550.00

Principal Place of Business Mailing Address										
2837 SW 3rd Ave. P.O. Box 4504							•			
MIAMI	, FL. 33129	MIAMI, FL.			446	DO NOT WE	TE IN THE	CDACE		
		•	•	_		DO NOT WRITE IN THIS SPACE				
↑						3. Date Incorporated or Qualifed 10/25/89				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number .		_ []	Applie	d For
21		26				65-0155477			Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired					
City & Stat	е	City & State .				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	untry		8. This corporation owes the cur	rent year int	angible		
24 25		29	29 30			Personal Property Tax.				No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered	Agent		
			,	81	Name					
WILLIG, DAVID S. 2837 SW 3rd Avenue				82	Street Addr	dress (P.O. Box Number is Not Acceptable)				
	Miami, FL. 33	129		83						
	•			84	City			85 Z	Zip Code	e
				1 1	-		FL	- }	•	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the obligi	of Florida, Such change was ations of, Section 607.0505, F	authorized Iorida Stat	d by th lutes.	named corpo e corporatio	oration submits this statement for the in's board of directors. I hereby acce	purpose of pt the appoi	iniment as	j its reg s registe	istered ered
SIGNATURE	Signature, read or printed name of registered age	9 DAVID S. HILL (F.)	TE Registored	Acont s	analure requires	I when reinstaling)	DATE	<i>-</i>		
12.		ND DIRECTORS	13.		grates a regard	ADDITIONS/CHANGES TO OF	FICERS AN	1D DIREC	CTORS	IN 12
TITLE	DPST	☐ DELETE	1.1 TI					Chan		Addition
NAME.	DAVID S. WILLIG		1.2 N	AME						
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CITY-ST-ZIP	Miami, FL. 3312		8	ITY-ST-Z						
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NAME			6.2 N/	AME	İ					
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CITY-ST-ZIP			6.4 CI	ITY-ST-Z	lb					j
SILITOITALE]										

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, or an attachment with an address, with all other like empowered.

SIGNATURE:

AUID S. WILLIE DER