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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

FILED						
May 05	1998	8:00am				
Secret	ary of	State				

W&	A GROUP, INC.					
Principal Plac	e of Business	Mailing Addre	ess		I LABITALI EUI BLAIT BEALT BENDEN VITAN TUTT ASOL	ı Avdır brayı bisil bibil dibil şöbi
	RSITY DRIVE		ersitytd rive			
SUITE 700 SUITE 700 SUITE 700 CORAL SPRINGS FL 33065 CORAP SPRINGS FL 33065			DO NOT WRITE IN TH	IS SPACE		
US US			3. Date Incorporated or Qualified			
<u> </u>					01/19/1990	
·	lace of Business	2a, Mailing Ad	ddress		4. FEI Number	Applied For
21	# 414	26	# ota		65-0173015	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & Stat	6	City & Sta	te		6. Election Campaign Financing	\$5.00 May Be
23		28 CORA	L SPRING	15, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	<u> </u>	Country	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	nt Registered Ager	nt	81 Name	10. Name and Address of New Registere	od Agent
	VIT ZE L, ROBERT C			81 Name		
	459 NW 34 ST			82 Street Ad	iciress (P.O. Box Number is Not Acceptable)	
1	TE: 100 -			83		
L	AUDERHILL FL 33319					
				84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, FI	orida Statules, the	above-named co	•	- ' '
office or r	egistered agent, or both, in the State m familiar with, and accept the oblid	⇒ of Florida, Such charactions of Section 6.	nange was authori 07.0505. Florida S	ized by the corpor Statules.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	The transfer of the second	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable.	(NOTE Regist	lered Agent signature rec	quired when reinstating) DATE	
12.		ID DIRECTORS		3.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DVS			.1 TITLE		Change Addition
NAME	WITZEL, ROBERT C.			2 NAME		
STREET ADDRESS	7459 NW 34 ST			3 STREET ADDRESS		}
CITY-SI-ZIP TITLE	LAUDERHILL FL DP	-		4 CITY-ST-ZIP 1 TITLE		Change Addition
NAME	SCHMIDT, JOANNE M.	L		2 NAME		C3 change C1 vocition (
STREET ADDRESS	9451 NW 44 PLACE		1 -	3 STREET ADDRESS		į
CITY-ST-ZIP	CORAL SPRINGS FL			4 CITY-ST-ZIP		
TITLE	T T T T T T T T T T T T T T T T T T T			1 TITLE		Change Addition
NAME	WITZEL, ROBERT C.		1	2 NAME		1
STREET ADDRESS	7459 NW 34 ST			3 STREET ADDRESS		İ
CITY-ST-ZIP	LAUDERHILL FL		3.	4. CITY - ST - ZIP		
TITLE				1 TITLE		Change Addition
NAME			4.	2 NAME		
STREET ADDRESS			4.3	3 STREET ADDRESS		
CITY-ST-ZIP				4 CITY-ST-ZIP		
TITLE		Ц		1 TITLE		Change Addition
NAME			. III	2 NAME		
STREET ADDRESS				3 STREET ADDRESS		
CITY-ST-ZIP				4 CITY-ST-ZIP		Change Addition
TITLE				1 TITLE		Change Addition
NAME				2 NAME		
STREET ADDRESS				3 STREET ADDRESS		
CITY+ST-ZIP			6.4	4 CITY - ST - ZIP		

14. Thereby 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.