

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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90008 001 \*\*\*150.00

DOCUMENT # L79120

1. Corporation Name

WPW North American Holdings, Inc.

Principal Place of Business  
1301 Riverplace Blvd.  
Suite 1301  
Jacksonville, FL 32207

Mailing Address  
1301 Riverplace Blvd.  
Suite 1301  
Jacksonville, FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1990

4. FEI Number

59-3013360

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 413 Virginia Drive  
Suite, Apt. #, etc.

2a. Mailing Address  
26 413 Virginia Drive  
Suite, Apt. #, etc.

City & State  
23 Orlando, Florida

City & State  
28 Orlando, Florida

Zip Country  
24 32803 25 USA

Zip Country  
29 32803 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOTOLAW, Inc.  
1301 Riverplace Boulevard  
Suite 1301  
Jacksonville, Florida 32207

81 Name

MOTOLAW, Inc.

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

413 Virginia Drive

83

84 City

Orlando,

FL

85 Zip Code

32803

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.

David A. Webster  
Vice President

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME Webster, David A.  
STREET ADDRESS ~~1301 Riverplace Blvd., Suite 1301~~  
CITY-ST-ZIP ~~Jacksonville, Florida 32207~~

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 413 Virginia Drive  
1.4 CITY-ST-ZIP Orlando, Florida 32803

TITLE TS ☐ DELETE  
NAME Webster, Jane R.  
STREET ADDRESS 1501 Highland Road  
CITY-ST-ZIP Winter Park, Florida

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)