PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	M08957
1 Compression Name		11100001

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90180 031 ***150.00

1. Corporation THE WIC	CKER PLACE, INC.	•						
Principal Place	of Business	Mailing Ad	dress			I IMPREME OF STATE LEGIS CALE POINT 1984 DESTIN	P1 P54 \$1811 \$1\$41 \$	1121s A(GIs :4 6:
2481 N. W. 77	TH TERRACE	2481 N. W	. 77TH TERRACE		ĺ			
MIAMI FL 33147 MIAMI FL 33147			DO NOT WRITE IN THIS SPACE					
					ļ		3 SPACE	
					l	3. Date Incorporated or Qualifed	• •	}
						12/14/1984		
2. Principal Pf	ace of Business	2a. Mailing	Address			4. FEI Number	<u> </u>	plied For
21		26				59-2480790		t Applicable
Suite, Apt. i	#, etc.	<u> </u>	Vpt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
22		27						`
City & State	3	City &	State			6. Election Campaign Financing	\$5.00 Added t	
23		28]				Trust Fund Contribution		D CBBS
Zip	Country	Zip	<u> </u>	Country		 This corporation owes the current year is Personal Property Tax. 		_No, .
24	25	29		<u>oi</u>		10. Name and Address of New Registered		
	9. Name and Address of Curre	nt Registered A	gent	81 Name			- Main	
TAD	ANES, MARIA				H	NITA BRYN	<u> </u>	
	·			82 Street	Addres	s (P.O. Box Number is Not Acceptable)		
_	E. 17TH ST.				10	909 NW 73 ter	<u>r</u>	
MIAL	EAH FL 33012			83	M	liam; F1 3317	· / } ·	
				84 City		·	85 Zip (Code
				1-1-7	M	i ami 💮 🕒 📙		3178
11. Pursuant i	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, of Florida. Such	Florida Statules change was auti	, the above-named horized by the corpo to Statutos	corpor oration	ation submits this statement for the purpose of a board of directors. I hereby accept the appropriate the statement of the purpose of of the purpos	ointment as re	gistered
	7	anons or, secour	- 007.0305, Monto	a siatties.				[
SIGNATURE	I XOLLOW Y ()	M2		ogislered Agent argnature o		hen reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registred agr	M2	NOTE: R				ND DIRECTO	
SIGNATURE	Signature, typed or printed name of registred agr	entions title if applicable	NOTE: R	egistered Agent argnature r		hen remstating) ADDITIONS/CHANGES TO OFFICERS A BLUD		
SIGNATURE	Sighaltire, typad or provided name of regestriced appropriate to the Control of t	entions title if applicable	. (NOTE: R	egistered Agent argnature o	equired w	ADDITIONS/CHANGES TO OFFICERS A Engt. Beyn	ND DIRECTO	
SIGNATURE 12. TITLE NAME	Sighaitire, typad or promied name of regestriced ap OFFICERS AI P TAPANES, MARIA	entions title if applicable	. (NOTE: R	ogistered Agent argnature of 13.	equired w	ADDITIONS/CHANGES TO OFFICERS A RESIDENT BRYN RESIDENT OGOG NW 73 EXP	ND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Sighaitire, typad or provided name of registrated asy OFFICERS AI P TAPANES, MARIA 741 E. 17TH ST.	entions title if applicable	. (NOTE: R	13. 1.1 TITLE	equired w	ADDITIONS/CHANGES TO OFFICERS A RESIDENT BRYN RESIDENT 1999 NW 73 KM 11911 H9 33178	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAPANES, MARIA 741 E. 17TH ST. HIALEAH FL	entions title if applicable	. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	equired w	ADDITIONS/CHANGES TO OFFICERS A RESIDENT	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P TAPANES, MARIA 741 E. 17TH ST. HIALEAH FL	entions title if applicable	(NOTE: R	13. 1.1 TITLE 1.2 NAME CANADORESS 1.4 CITY-ST-ZIP	equired w	ADDITIONS/CHANGES TO OFFICERS A RESIDENT	ND DIRECTO	RS IN 12
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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 eath; 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

O OFFICER OR DIRECTOR