PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # M46063

1. Corporation Name

W.E.S. ENTERPRISES, INC.

						·				
Principal Plac	e of Business	Mailing Address				''-		*****		
3550 DAVIE BO		3550 DAVIE BOULEVARD								
ft. Lauderda	LE FL 33312	ft. Lauderdale fi	_ 33312				DO:NOT.WI	DITE IN THIS	SDACE	•
			••		,	3. Date Inc	corporated or Qualife		31.AOL	
						02/05/		iu .		
2 Dringingt D	lloss of Business	2n Mailing Address				4, FEI Nun			I An	plied For
— ·	lace of Business	2a. Mailing Address				59-270			<u> </u>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				35-276	00000		\$8.75 A	
7						5. Certifcat	te of Status Desired		Fee Re	
City & Stat		27 City & State				€ Floation	Campaign Financin		\$5.00	
¬ '	e	28				1	ind Contribution	a \square	Added t	
Zip	Country	Zip	Cn	untry			poration owes the cu	rrent vear Int		-
'		29	30	una y		1 '	poration owes the co il Property Tax.	intent year mu	⊈ Yes	□No Ì
24	9. Name and Address of Curr		[30]	T-			and Address of New	Registered	/	
	5. Name and Address of Con-	nit registered Agent		81	Name	10. 110				
STA	NTON, WENDY B.									
	NW 47TH STREET					ddress (P.O. Box I	ess (P.O. Box Number is Not Acceptable)			
	IPANO BEACH FL 33064			83						
, 5,,	,			03						
				84	City				85 Zip C	Code
	to the provisions of Sections 607.0							<u>FL</u>	<u> </u>	
agent. I a	m familiar with, and accept the obligation of registered a					quired when reinstating)		DATE	<u>-</u> .	
12.		ND DIRECTORS	13			ADDITIO	NS/CHANGES TO C	OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELI	TE 1.1	ΠTLE					☐ Change	☐ Addition
NAME	STANTON, WENDY B		1.2	NAME			•			ļ
STREET ADDRESS	440 CM COOTH AVE		1.3	STREET	ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL		1.4	CITY-S	T-ZIP					
TITLE		☐ DEL		TITLE					Change	Addition
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STREET ADDRESS					ADDRESS					
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TITLE	<u>.</u>	☐ DELI		TITLE	,, 21				Change	Addition
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					TADORESS					}
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CITY-ST-ZIP TITLE		☐ DELI		TITLE	1-ZIF				☐ Change	Addition
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STREET ADDRESS				OTY-S	ł					}
CITY-ST-ZIP		□ D£Li		TITLE	1 - ZII				☐ Change	Addition
TITLE				NAME	ļ					
NAME					TADORESS					}
STREET ADDRESS	i		■ 0.3	PINEE	- YOUNEGO					

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:

STREET ADDRESS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90090 016 ***150.00