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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 09, 1999 8:00 am Secretary of State

FILED

03-09-1999 90015 032 ***150.00

DOCUMENT # M52519 1. Corporation Name

WHEELING INC.

Principal Place	e of Business	Mailing Address				•	
10099 NW 89 A	VE	10099 NW 89 AVE					
BAY 9 MEDLEY FL 331	7R	BAY 9 MEDLEY FL 33178			DO NOT WRITE.IN	N THIS SPACE	name of the last two days are a
US		US	-		3. Date Incorporated or Qualifed	· <u> </u>	1
					05/21/1987		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
21 /4/875	SW 2125+	26 14875 SU	7 <u>519</u>	<u>st</u>	59-2810205		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1	0=	5, Certifcate of Status Desired	7	Additional Required
22 / / / / /		27 177/1979/ F	. 331	2-1			
City & State	•	City & State	c:,		6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
23 Y 1 Y 1	Country	28 N Y 1910 1	Country	~ <u> </u>	This corporation owes the current y		
24 331	87 25 USA		o US	A	Personal Property Tax.	Yes	□No
<u> </u>	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Regis	stered Agent	
			81 1	Name		·	1
	EZ, PHELLICA		82 9	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	5 SW 212 ST.						
MAIN	AI FL 33187		83				1
			84 (City		85 Zip	Code
			1 1	•		FL -	
							s registered
_11Pursuant.t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes e of Florida. Such change was aut	, the above-n horized by the	amed corp e corporation	oration submits this statement for the purp on's board of directors. I hereby accept the	appointment as	egistered
office or re	to the pro <u>visions of Sections 607.05</u> egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auti	nonzea by tne	amed corp e corporation	oration submits this statement for the purp on's board of directors. I hereby accept the	appointment as	egistered
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auti- lations of, Section 607.0505, Florid	nonzed by the la Statutes.	e corporatio	on s poard of directors. Thereby accept the	appointment as i	egistered
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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 on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP