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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90108 014 \*\*\*\*61.25

DOCUMENT # N95000002928

1. Corporation Name

WORLD LONGBOARD ASSOCIATION EAST, INC.

Principal Place of Business

2472 BIMINI LN  
FT LAUDERDALE FL 33312

Mailing Address

2472 BIMINI LN  
FT LAUDERDALE FL 33312



2. Principal Place of Business

21 9616 NW 7 CIRCLE

Suite, Apt. #, etc.

22 1618

City & State

23 PLANTATION, FL

Zip

24 33324

County

25 USA

2a. Mailing Address

26 PO BOX 832

Suite, Apt. #, etc.

27

City & State

28 POMPANO, FL

Zip

29 33061

Country

30 USA

3. Date Incorporated or Qualified

06/14/1995

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

JOHNSON, HENRY W  
1401 UNIVERSITY DR  
SUITE 301  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

TITLE M/T ☐ DELETE

NAME SHAW, BARRY  
STREET ADDRESS 2472 BIMINI LN  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE D ☐ DELETE

NAME JOHNSON, HENRY W.  
STREET ADDRESS 1401 UNIVERSITY DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ DELETE

NAME SHAW, KELLY  
STREET ADDRESS 2472 BIMINI LN  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SHAW, BARRY  
1.3 STREET ADDRESS 9616 NW 7 CIRCLE #1618  
1.4 CITY-ST-ZIP PLANTATION, FL 33324

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SHAW, KELLY  
3.3 STREET ADDRESS 9616 NW 7 CIRCLE #1618  
3.4 CITY-ST-ZIP PLANTATION, FL 33324

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 617, 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

4-16-99 954-9665511

Date

Daytime Phone #

CR2E037 (11/98)