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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

4/1/97

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P33465

C(TY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRI

(6)

WEALTHJAMMER DEVELOPMENT CORPORATION

Principal Place	a of Rusinas	Mail	ina Addrass	10.00.00.00							
Principal Place of Business 1400 GANDY BOULEVARD ST. PETERSBURG FL 33703			Mailing Address C/O STERLING MANAGEMENT, INC 1301 SEMINOLE BLVD #172 LARGO FL 33770-B113								
		US						 Date Incorporated or Qualit 04/08/1991 		ate of Last F 25/1996	Report
	lace of Business	├ ─┐	Mailing Address		•			4. FEI Number		A	pplied For
21	B	26	D. II. A. A. H1-	······································				98-0116787			ot Applicable
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired	ı 🗆	· · · · · ·	Additional equired
City & Stat	0		City & State					6. Election Campaign Financia	na		May Be
23		28	·					Trust Fund Contribution	" 🗆		to Fees
Ζιρ	Country	7	Zip		untry			8. This corporation has liability			s. 199.032,
24	25	29		30				Florida Statutes		□ No	
720 4	9. Name and Address of Curre	nt Hegiste	red Agent		81	Nar	ne	10. Name and Address of Ne	w Hegistered	Agent	
	BASSI, E. R Degon gyidded et al				82						
FERGESON, SKIPPER, ET AL 1515 RINGLING BLVD., #1000						Stre	et Addre	ress (P.O. Box Number is Not Acceptable)			
	ASOTA FL 34230				83						
					84	City				of 7in	Code
					04	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607	7.1508, Florida Statu	tes, the	above	e-nam	ed corp	poration submits this statement for	the purpose o	of changing i	its registered
agent La	in familiar with, and accept the oblig	gations of,	Section 607.0505, F	lorida Sta	alules	3	офонан	soli a board of directors. I horeby a	iccopi (no stp)	pontinont ac	i logistoreu
SIGNATURE						·					
12.	Signature, typizal or printed name of registered as OFFICERS At	,	, <u></u>	TE Rogister		ent sign:	ture require	red when reinstating) ADDITIONS/CHANGES TO C	DATE	D DIRECTOR	RS IN 12
1816	PD	VD DIALCT	DELETE		TITLE			ADDITIONS/OFFINIALS TO C	N I IOLIIO NI	Change	Addition
NAME	DONNELLY, P. JAMES			1	NAME						
STREET ADDRESS	235 STAFFORD ROAD WEST	# 103		1.3	STREET	ADORE	ss				
C(TY - S1 - ZIP	NEPEAN ON			1.4	CITY-S	T-ZIP					
TITLE	10 2 b		DELETE	2.1	TITLE					Change	Addition
NAME	MCBRIDE, ROSS			2.2	NAME						
STREET ADDRESS	235 STAFFORD ROAD WEST	#103		2.3	STREET	ADDRE	SS				
CITY+ST-7IP	NEPEAN ON SD- VP		DELETE		CITY-	ST-ZIP					# # # # # # # # # # # # # # # # # # #
10116	VAUGHAN, CRAIG A		☐ DELETE	- 1	TITLE					Change	Addition
NAME	235 STAFFORD ROAD WEST	#103			NAME CTOFFT	ADDRE					
STHEET ADDRESS Offy-S1-7/P	NEPEAN ON	100			CITY - S		23				
TITLE			DELETE		TITLE	21-21			····	Change	Addition
NAME				4.2	NAME						
STREET ADDRESS						ADDRE	\$S				
CITY-S1-2II:				4.4	CITY - S	ST - ZIP					
TILLE			DELETE	5.1	TITLE					Change	Addition
NAM!				5.2	NAME						
STREET ADDRESS				5.3	STREET	ADDRE	SS	•			
City-St-Zip					CITY-S	T-ZIP				7 6.	
TITLE	,		☐ DELETE		TITLE					Change	Addition
NAME			,		NAME						
STREET ADDRESS			Л	6.3	STREET	ADDRE	SS				

6.4 CITY-ST-ZIP

(CHIRE (Va Proided)

14. I do hereby certify that the information supplied with this jung 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 of the reperfer 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 his art grachment with an address.