**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P9300006632 1. Corporation Name

WIMCO, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90200 001 \*\*\*150.00



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Principal Place	e of Business	Mailing Address			7			ı Müsili Malili Amslı	SOISE BISING	1100 IIII	(181198)	
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JUPITER FL 33458 US					-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						1
03					Į.		/21/1993	<b>.</b>			j	
2. Principal Pl	lace of Business	2a. Mailing Address	<del></del>				Number			Applied	For	1
21 26						65-0384608				Not App		
Suite, Apt.	Suite, Apt. #, etc.	pt. #, etc.						\$8.7	<b>5</b> Additi		ĺ	
22		27				5. Cert	tifcate of Status Desired		Fee	Require	∍d	ļ
City & State		City & State				6. Elec	tion Campaign Financin	ng 🗆	\$5.0	00 May	Be	
23		28				Trus	st Fund Contribution		Add	ed to Fe	es	
Zip	Country	Zip	Countr	У	}	8. This	corporation owes the c	urrent year In		_		
24	25	<del></del>	30	<del></del> .			sonal Property Tax.		Yes	N	lo	
	9. Name and Address of Current	Registered Agent	8	I Name	1	0. Nan	ne and Address of Nev	v Registered	Agent			}
MAN	RTINA, ROLAND M		•	1 Name								
	COMMERCE WAY STE 4		8:	Street	Address	(P.O. E	Box Number is Not Acce	ptable)				]
JUPITER FL 33458			8:	1							<del></del>	ł
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office or re	egistered agent, or both, in the State of	Florida. Such change was au	thorized by	y the corp	oration's	board o	of directors. I hereby ac	cept the appo	intment as	s registe	red	1=-
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ioa Statute	s.			•				i	l
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Ap	ant signature	required whe	en reinstati	ing)	DATE				ے [
12. OFFICERS AND DIRECTORS			13.	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2					Q/
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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 the 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:

PEQUIRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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