FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022468 (1)

WE HOLDINGS INCORPORATED

FILED May 12 1997 8:00am Secretary of State



180	incipal Place 10 E. VINE 8 SIMMEE FL		Mailing Address 3533-MOLONA DRIVE	/										
						3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last f 08/07/1996	?eporl						
_	Principal P	lace of Business	2a. Mailing Address 26 609 6		,	4. FEI Number		pplied For						
Suite, Apt. #, etc.					1 = 57	59-3192721	—	Not Applicable \$8.75 Additional						
22			27 K155/m/	nee .	Ec 3474	5. Certificate of Status Desired	1 1 ' '	equired						
	City & State	θ	City & State			6. Election Campaign Financing \$5.00 May B								
23			28			Trust Fund Contribution	Added Added	to Fees						
24	Zip	Country 25	Zip	Ooun 30	ry	8. This corporation has liability for Florida Statutes	intangible tax under s ☐ Yes ☐ No	3. 199.032,						
24		9. Name and Address of Cu	29 rrent Registered Agent	1301	·	10. Name and Address of New Re								
	DOB	B, JAMES T			1 Name									
		MOLONA DRIVE		Ē	2 Street Addr	ess (P.O. Box Number is Not Accepta	ble)							
	ORL	ANDO FL 32837-5829			1609	E. UNG ST								
					3 K155	mmEE, Fe 34.	744							
				Ē	4 City	<i>j.</i> (2) 2 1 .	85 Zip	Code						
11	office or r	registered agent, or both, in the S	.0502 and 607.1508, Florida Statu tate of Florida. Such change was bligations of, Section 607.0505, F	authorized	by the corporat	oration submits this statement for the ion's board of directors. I hereby acce	purpose of changing optithe appointment as	its registered registered						
SII	GNATURE	The state of the s	angulario oi, sastari cor sastari											
		Signature, typed or printed name of registere			kgont signature requir		DATE	55.07.76						
12		P	AND DIRECTORS DELETE	13. 1,1 10L		ADDITIONS/CHANGES 10 OFFI	CERS AND DIRECTO	RS IN 12						
NA1		DOBB, R. WALTER	C otter	1.2 NAM	.		Crainge	LLJ Nobiton						
	REET ADORESS	1471 HELM COURT			ET ADDRESS									
	Y-ST-ZIP	MISSISSAUGA ONTARIO C	ANADA		- S1 - 7IP									
TITI	LE	ST .	DELETE	21 TIJL			Change	Addition						
NAI	ME	DOBB, JAMES T		2.5 NV/										
STF	REET ADDRESS	3533 MOLONA DR		2 3 STR	ET ADDRESS	609 E. VINE ST KISSIMMEE, FO	-							
	Y-ST-ZIP	ORLANDO FL	Doctat		(-ST-ZIP	SISSIMM CE, FC	34749	Addition						
TITI			☐ DELFTE	3.1 T/T L			Ghange	Addition						
NAI				3.2 NAM	· ·									
	REET ADDRESS				ET ADDRESS V-ST-ZIP			İ						
TIT	Y-ST-ZIP LE		DELFTE	4.1 717L			Change	Addition						
NAI				4. 2 NAI	1 '									
STE	REET ADDRESS			4.3 STR	EF1 ADDRESS			į						
CIT	Y-ST-ZIP			4.4 CHY	- \$1 - ZIP									
TIT	LE		☐ DELETE	5.1 TITL	E		Change	Addition						
NAI	-			52 NAM				J						
STF	reet address			1	ET ADDRESS									
	Y-ST-ZIP		T privite		- S1 - ZIP		T l Oha	Additio-						
TIT			☐ DELETE	6.1 7/16			L_I Change	Addition						
NA				6.2 NAN				İ						
	REET ADDRESS				ET ADDRESS			İ						
	Y-ST-ZIP L. I do herel	by certify that the information sur	polied with this filing does not qua		'-ST-7IP xemption stated	d in Section 119,07(3)(i), Florida Statuti	es. I further certify tha	t the						
	informatic	an indicated on this appual copart	for our plansantal popular constraint	true and ac	curate and that	my signature shall have the same leg it as required by Chapter 607, Florida	al official on if made u	ador oath: that						

Employer's Quarterly Federal Tax Return

Departm Internal	nent of the Tressury Revenue Service (1	1 4141	- Ooo sopara		ease ty			, Oilip	io un iş	, triio	, otali	••				
Enter code state which depos made (see page instruction	for n lits	WE H REMA 1609 KISS	9-319272 2901010 X 121 CH	ONI 010E 72 74E	SI :-447)7 3721	ı	** C	COl		342]	F	F D P	o. 1 54 5-	0029
differe	orior		1 1 1 1		\$	3 8 8	3 3	3		3	4	4 4	10 11	0 10	10, 10	
If you	do not have to		<u> </u>									10 10	10 1	0 10	10 10	
1 2 3	are a seasonal of Number of emp Total wages and Total income to Adjustment of	employer, sec eloyees (exce ed tips, plus ax withheld f	o Seasonal emport household) e other compensorm wages, tip	ployers on pa imployed in the sation os, and sick p	ge 1 of e pay p oay .	the Ins eriod	truction	ns an	d che s Mar	ck he	ere ► 2th ►	3		3685 455	<u> </u>	50 00
6	Adjusted total Taxable social Taxable social	security wag	jes	6a \$. 36B!	5	51	0 ×	12.4	1% (. 1% (.	124) : 124) :	= 6d		455 457		00
8	Taxable Medicare wages and tips									8		106 88 563 88				
10	Sick Pay \$ ± Fractions of Cents \$ ± Other \$ = Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9—see instructions)									10		563 92				
11	Total taxes (ad	dd lines 5 an	d 10)		· · .		• •				. ,	11	<u> </u>	1018	<u>} </u>	92
										13		1018	<u> </u>	92		
14	Total deposits	for quarter, i	ncluding overp	payment appli	ied fron	n a pr	ior qua	rter .				14		1018	3	92
Balance due (subtract line 14 from line 13). See instructions											· -					
17 Monthly Summary of Federal Tax Liability																
	(a) First month li	a) First month liability (b) Second month liability (c) Third month liability								(d) Total liability for quarter						
<u> </u>	404.56	41	322.				291.						018			
Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Print Your Name and Title > Date > 30 / 30 / 30 / 30 / 30 / 30 / 30 / 30									<u> 197</u>							

For Paperwork Reduction Act Notice, see page 1 of separate instructions.