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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 29 1998 8:00am Secretary of State

1.	COCUMENT Corporation Name ANDERSON JE	# P9300 WELERS INC.	00250	049 (6	5)				
Pri	ncipal Place of Busine		Mailing	Address				I OBLIFO HOOH OHILL OBLIH	DIBIO IBII FOOT
	038-46 DUNN AVENUE		v	6 DUNN AVENU	F				
	ACKSONVILLE FL 3221	9		ONVILLE FL 32					
							DO NOT WRITE I	IN THIS SPACE	
							3. Date Incorporated or Qualified		
	84-1-18		T & 14 10				04/06/1993	·	
	Principal Place of Bus	iness	⊢ –,	ing Address			4. FEI Number		Applied For
21	Suite Ant # etc		26 Suite	e, Apt. #, etc.			59-3036370		Not Applicable
22	Suite, Apt. #, etc.		27				5. Certificate of Status Desired	1 1	Additional Required
22	City & State	City & State				6. Election Campaign Financing		0 May Be	
23			28				Trust Fund Contribution		to Fees
	Zip	Country	Zip	·	Country	,	B. This corporation owes or has paid		
24		25	29		30		Personal Property Tax due June 3		□ No
	9. Nam	e and Address of Curre	nt Registered	Agent			10. Name and Address of New Reg	Istered Agent	
	ANDERSON	FRANK			81	Name			
	1036-46 DU	NN AV E NUE			82	Street Addr	ress (P.O. Box Number is Not Acceptable	۵۱ .	
	JACK80NVI	LLE FL 32218			0.	Street Addi	1853 (1O, BOX MUNIDER IS 1901 ACCEPTABLE	0)	
					83				
					84	City		les Zin	Code
					04	City		FL 85 Zip	Code
	office or registered a	sions of Sections 607.050 gent, or both, in the State vith, and accept the oblig	of Florida. Su	ch change was	authorized by	the corporat	ion's board of directors. I hereby accept	t the appointment a	s registered
SIC	NATURE	d or printed name of registered ag-					rad when reinslating)	DATE	
12.	NATURE		ent and title If applic	able. (NO				DATE	
	SIGNATURE SIGNATURE, type	d or printed name of registered ag OFFICERS AN	ent and title If applic	able. (NO	OTE: Registered Ag		rod when reinstating)	DATE	PRS IN 12
12.	SNATURE Signature, type E D ANDE	of or printed name of registered ag OFFICERS AN	ent and title if applic ID DIRECTORS	cable. (NO	OTE: Registered Ago		rod when reinstating)	DATE ERS AND DIRECTO	PRS IN 12
12.	SIGNATURE SIGNATURE, type E ANDE E ET ADDRESS 1358	OFFICERS AN OFFICERS AN RSON, FRANK NORTH DUVAL LAKE I	ent and title if applic ID DIRECTORS	cable. (NO	OTE: Registered Age 13. 1.1 TITLE	ent signature requir	rod when reinstating)	DATE ERS AND DIRECTO	PRS IN 12
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Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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.