FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000033684 (0) **DOCUMENT #**

1. Corporation Name

WDEM, INC.

Principal Piace of Business

Mailing Address

7911 N.W. 75TH AVE

7911 N.W. 75TH AVE.



TAMARAC FL	33321	TAMARAC FL 33321					
·····					3. Date Incorporated or Qualified 05/06/1993	3a, Date of Las 08/01/	
2. Principal Plac	ce of Business	2a. Mailing Address			4 FEI Number 65-0413897	Ţ	Applied For
21 Suite, Apt. #	. etc.	Suite, Apt. #, etc.					Not Applicable 75 Additional
22	, 0.0.	27			5. Certificate of Status Desired	1 1 7 -	ee Required
City & State		City & State			6. Election Campaign Financing	_□ \$5	.00 May Be
23		28		_,	Trust Fund Contribution		dded to Fees
7ір 24	Country 25	Ζιρ 29	Country 30	<i>!</i>	8. This corporation has liability for in Horida Statutes Yes	. "	ers 199.032,
24	9. Name and Address of Curre		1901		10. Name and Address of New R		
		and the second of the second o	81	Name			
MONASMITH, DAN				12 Street Address (P.O. Box Number is Not Acceptable)			
7911 N.W. 75TH AVE.			02	Street Address (F.O. Dox Namice is Not Acceptable)			
TAMARA	C FL 33321		83				
			84	City		 85	Zip Code
				'	tion submits this statement for the pur		•
or registere familiar with SIGNATURE	d agent, or both, in the State of Flo , and accept the obligations of, Se	rida. Such change was authoriz ction 607.0505, Florida Statutes	ed by the corp s.	ooration's board	f of directors. Thereby accept the appo	ointment as registe	ered ägent. I am
12.	ilgnature, typed or printed name of registered age	nt and title if apolicable (NS ND DIRECTORS	TE: Registered Age	disgrature required	when renderings ADDITIONS/CHANGES TO OFFI	DATE ICE OS ANO DIREC	CTORS IN 12
TITLE	PST	T DELETE	1 1 1111 [1	ADDITIONS OF INTOCOLO	Char	
NAME	MONASMITH, DAN		12 NAME				_
STREET ADDRESS	7911 N.W. 75TH AVE.		1.3 STREE	T ADDRESS			
C(1Y-S1-ZIP	TAMARAC FL 33321		1.4 CITY- 3	S*-716*			
TITLE		☐ DELETE 2				☐ Char	ige 🔲 Addition
NAME	·		2.2 NAME				
STREET ADDRESS				F ADDRESS			
CITY - ST - ZIP		☐ DELETE	2 4 CiTY - 3 3 1 TITLE	ST-ZIP		☐ Char	ige 🗀 Addition
NAME			3 2 NAME				ige [_] Addition
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			3.4 CiTY-1	}			
TITLE	E	☐ DELETE	4. 1 TITLE	~····		Char	ige 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			4 3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5	ST-71P			mana a p eriodo periodo de secono
TILE		☐ DELETE	5 1 TITLE			☐ Char	nge 🔲 Addition
NAME			5.2 NAME	r ADDOLOG			
STREET ADDRESS				FADDRESS			
CITY - S1 - ZIP		DELETE	5 4 CITY - 1 6 1 TITLE	5 - IP		Char	ige 🗍 Addition
NAME			6.2 NAME			ي دانه	
STREET ADDRESS				F ADDRESS			
CITY-ST-ZIP			6.4 CITY-1				
14. I do hereby			ished and doe	es not qualify for	r the exemption stated in Section 119		
oath; that I	the information indicated on this an am an officer or director of the corp Block 12 or Block 13 if changed, or	poration or the receiver or truste	e empowered	ue and accurate to execute this	e and that my signature shall have the report as required by Chapter 607, Flo	orioa Statutes; and	f that my name
SIGNATI	\circ M	smith Dan 1	Monas	mith	3/27	7/94/3	25)222341