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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

P93000033684 **DOCUMENT #**

1. Corporation Name

WDEM, INC.

Principal Plac	e of Business	Mailing Address	illing Address			1 156(150) (10 15104 (111) 001) 001) 001(1 001)			
1011 10111 10111		7911 N.W. 75TH AVE. TAMARAC FL 33321				DO NOT-WRITE IN THIS SPACE			
						Date Incorporated or Qualifed	SERCE: -		
						05/06/1993			
B D (1) (1) (1)	No	2a. Mailing Address				4. FEI Number		pplied For	
	Place of Business	<u> </u>	Making Address					lot Applicable	
21	26	But it sto			65-0413897		Additional		
Suite, Apt. #, etc.						5. Certifcate of Status Desired	,	Required	
22 27 City & State									
City & State City & State						6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
23	28	Country					torees		
Zip				iiu y	8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No				
24	25 29 30					10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent 81 N						10. Haine and Address of Hoth Hogisters			
MONASMITH, DAN				١,	Name				
7911 N.W. 75TH AVE.			Ī	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	,		
TAMARAC FL 33321				83					
I I I I	INTEND I E SOULI			83				_}	
			İ	84	City	FI	85 Zip	Code	
241 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes th					a-named corpo	oration submits this statement for the purpose of	changing.it	s registered	
**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
agent I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statu	nes.	=	•		ŀ	
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NOTE:	Renistered	Aneni	t signature required	d when reinstation) DATE		—— . ì	
12. OFFICERS AND DIRECTORS			13.	-gu,	t signature requires	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	PST	DELÉTE	1.1 TIT	lE.		No.	☐ Change		
NAME	MONASMITH, DAN		1.2 NA			•			
· ·	TO A A BALLEY TETTLE ALIE				ADDRESS	A			
STREET ADDRESS	TAMARAC FL 33321					*** <u>*</u>			
CITY-ST-ZIP			1.4 CIT 2.1 TIT		1-ZIP		☐ Change	Addition	
TITLE			ı					_	
NAME	•		2.2 NA		<u>.</u>	7			
STREET ADDRESS	·				ADDRESS				
City-St-ZiP		C OF STE	2. 4 CF		IT-ZIP		☐ Change	Addition	
TITLE .		☐ DELETE	3.1 TIT						
NAME			3.2 NA			34 Tax 37 3	•	4	
STREET ADDRESS	\$\rightarrow{\text{\text{\$\color{1}}}{\text{\$\color{1}}}		3.3 ST	REET	ADDRESS	· · · · · · · · · · · · · · · · · · ·			
CfTY-ST-ZIP			3.4. CI		T-ZIP			Addition	
TITLE		☐ DELETE	4.1 717	J.E			Change	CT Addition	
NAME		-	4. 2 NA	ME	* *		*		
STREET ADDRESS		. ;	4.3 ST	REET	ADDRESS			Ì	
CITY-ST-ZIP		,	4.4 CIT	Y-ST	T-ZIP				
TITLE		☐ DELETE	5.1 TIT			Professional temperature	☐ Change	Addition	
NAME	. ·		5.2 NA	ME		——— 1. 福纳·西亚巴州维州东			
STREET ADDRESS	,		5.3 ST	REET	ADDRESS	· · · · · · · · · · · · · · · · · · ·	C		
CITY-ST-ZIP			5.4 CIT	Y-ST	T-ZIP				
TITLE		, DELETE	6.1 TIT	LE			Change	Addition	

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 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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

954-722-3616

-01s

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90097 003 ***150.00