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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000043191 (4)

FILED

Apr 09 1998 8:00am

Secretary of State

WOHLU	WIDE EQUIPMENT CORP.			
Principal Place	e of Business	Mailing Address		
902 CLINTMO SUITE 136		902 CLINTMORE ROAD SUITE 136		DO NOT WRITE IN THIS SPACE
BOCA RATON	I PL 33487	BOCA RATON FL 33487 US		3. Date Incorporated or Qualified
00		03		
2. Principal Pi	lace of Business	2a. Mailing Address		06/14/1993 4. FEI Number Applied For
21 547.	SAW MILL RIVER RD.	26 547 SAN M	her River	1. Applied 1 of
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired \$8.75 Additional
22 P.O.	<u> </u>	27 PS BOX	710	Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 ARDS	Country	28 A-ROSLY	Ountry	Trust Fund Contribution
	OA 25 USA	29 /0502	30 US/4	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current		 	10. Name and Address of New Registered Agent
TIM	CKER, MICHELLE		81 Na	ame 🔥
ON CHAIRMORE BOAD				treet Address (P.O. Pox Number is Not Acceptable)
SUITE 136			92 50	23123 S. D. 174-7
	CA RATON FL 33487		83	Suite 350B
			84 City	
				BOOK RHOW PE FL B 33420
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 affice or registered agent, or truth, in the State of Florida, Such phages was authorized by the corporation's heart of directors. I hereby accept the appropriate and the purpose of the pu				
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 unit, and accept the obligations of, Section 607,0505, Florida Statutes.				
SIGNATURE	WALLY J	· Myew		3/20/18
12.	Signature Typid or print of the of its screeningent OFFICERS AND		T Angistered Agent sign	pnature required when reinstaturg) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	P
NAME	TUCKER, MICHELLE	~	1.2 NAME	EILAT LEV
STREET ADDRESS	902 CLINT MOORE ROAD, STE	136	1.3 STREET ADDRE	
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP	Taban II.
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRE	RESS PARAMETER STATE OF THE PROPERTY OF THE PR
CITY-ST-ZIP		The second	2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME ATREET ADDRESS			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRE	
CITY+ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	P Change Addition
NAME		_ perce	4.1 HILE 4.2 NAME	Change C Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRE	RFSS
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	RESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	. Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRE	RESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
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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. 914 -

693-030