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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000045373 (6)

WDJL, INC.

11000,						
Principal Plac	e of Business	Mailing Address			-	II OOAN OIOSA BAIOO AKKA KOEBO MAK IOON
1890 PROVIDENCE BLVD SUITE O DELTONA FL 32725		1890 PROVIDENCE BLVD SUITE O DELTONA FL 32725-3879				
920 1014172					3. Date Incorporated or Qualified 06/28/1993	3a. Date of Last Report 05/01/1996
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3188549	Applied For Not Applicable
Suite Apt	# etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stal	le	City & State	<u> </u>		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	_	irtry	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30	<u> </u>		Yes No
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent
	issman, David			VI IVANIE		
	OO PROVIDENCE BLVD ITE O			82 Street Addr	ess (P.O. Box Number is Not Acceptate	ole)
	LTONA FL 32725			83		
				84 City		85 Zip Code
11. Pursuant office or agent 1 a	Lto the provisions of Sections 607.1 registered agent, or both, in the St am familiar with, and accept the ob-	3502 and 607.1508, Florida Stati ate of Florida. Such change was aligations of, Section 607.0505, F	ites, the a authorize Iorida Sta	pove-named corp d by the corporat tutes.	poration submits this statement for the pion's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	Signature, typied or printed name of registored	Largert and title if applicable (NC	TE: Registere	d Agent signature requir	red when reinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 T	TLE		☐ Change ☐ Addition
NAME	WEISSMAN DAVID		1.2 N	AME		
STREET ADDRESS	1859 ECHO COURT		1.3 S	TREET ADDRESS		İ
COLY-ST ZIF	DELTONA FL			ITY-\$T-ZIP		T Olympia T Letting
TITLE	ST	DELETE	2.1 7			Change Addition
NAME	WEISSMAN JOYCE M.		2.2 M			
STREET ADDRESS	1000 0000			TREET ADDRESS		
CITY-51-7IP TITLE	DELTONA FL	DELETE	2.41 31 T	CITY-ST-ZIP		Change Addition
NAME		<u> </u>	3.2 h			
STREET ADDRESS				TREET ADDRESS		
CHY-\$1-79°			34.	CITY - ST - ZIP		
DILE		☐ DELETE	411			Change Addition
NAME			4.2	NAME		
STREET ADDRESS			4.3 5	TREET ADDRESS		
Crty - St - Zur			4.4 (ITY-ST-ZIP		
TITLE		☐ DELETE	5.1 T	ITLE		Change Addition
NAME			521	AME		
STREET ADDRESS			5.3 \$	TREET ADDRESS		
CHY+SI+7IP				ITY - ST - ZIP		Chann Addit-
TITLE		☐ DELETE	6.11			Change L Addition
NAME				IAME		
ETDECT ADDITION	: I		■ 635	TREET ADORESS		

64 CITY-ST-ZIP

14. Too 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BYCE M. WEISSMAN

4/15/91

FILED

Apr 22 1997 8:00am

Secretary of State