PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000078668

1. Corporation Name

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90125 031 ***150.00

WOO EN	TERPRISES, INC.					
		ha-ii- Address			ANN KARAK KANTA ANNA A	INION NON NOON .
Principal Place		Mailing Address				
5105 THYME DE		5105 THYME DR PALM BCH GDNS FL 33418				
PALM BCH GDN US	42 LF 22418	US		DO NOT WRITE IN T	HIS SPACE	
00				3. Date Incorporated or Qualifed		,
				11/15/1993		
2. Principal Pl	ace of Business	2a, Mailing Address	· i /	4. FEI Number	App	lied For
21 /068	7 HIDDEN CAJE	1R26/0687 HODENL	ARE CIRCLE	65-0450388	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		5. Certificate of otatos because	Fee Red	quired
City & State	e	City & State		6. Election Campaign Financing	_ \$5.00 :	
23 Falm	Beach GARDENS PL	28 PACM BEACK 6	ARDENS FO	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible	Mo
24 3341	18 25 USA	29 334/8 3	1 USH	Personal Property Tax.		NO NO
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	red Agent	
0.75	P750 MARKIANA 1		81 NameS	Ame		Ì
STETZER, WILLIAM J			82 Street A	ddress (P.O. Box Number is Not Acceptable)	1-	
5105 THYME DR->			1000	7 HOOEN GIVE CIRC	<u>ee</u>	
PALM	M BCH GDNS FL 33418		83			
			84 City //	0 10	85 Zip C	ode_
			VA		/	7 0
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named o	corporation submits this statement for the purpos	e of changing its i	registered
office or n	egistered agent, or both, in the State	e of Florida. Such change was auti afions of. Section 607.0505, Florid	norized by the corpor <u>a S</u> tatutes.	ation 5 board of directors. Thereby decept the of		,,510.00
	11 1.1/// 1. 2.2.2//25//	WICCIAM I	16726	9 1-11-	-1999	(
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	egistered Agent signature re-	quired when reinstating) DATE	E	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	SAM	☐ Change	[] Addition
NAME						
	STETZER, WILLIAM J	•	1.2 NAME	Same	6	
STREET ADDRESS	STETZER, WILLIAM J 5105 THYME DR.≯	•	1.2 NAME 1.3 STREET ADDRESS	10687 HODEN LAKE CIRCL	le	
		•	1.2 NAME 1.3 STREET ADDRESS 1.4 C/TY+ST-ZIP	10687 HODEN LAKE CIRCLE SAME		
STREET ADDRESS CITY-ST-ZIP TITLE	5105 THYME DR.→	● □ DELETE	1.3 STREET ADDRESS	10687 HODEN LAKE CIRCLE SAME	Change	Addition
CITY-ST-ZIP	5105 THYME DR.→	● □ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	10687 HODEN LAKE CIRCLE SAME		Addition
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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 attagrament with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE: