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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 13 1997 8:00am

Secretary of State

4-22-97 502 899-378

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081487 (9)

W. B. ROSS, INC.

SIGNATURE:

	e of Hushass						
962-HUEEMAN		Mailing Address P.O. BOX 7037					
ort st. Luc S		PORT ST. LUCIE FL: US	94985-7 037				
J		03			3. Date Incorporated or Qualified 11/19/1993	3a. Date of Last Report 05/01/1996	
	hace of Business	2a. Mailing Address	4	1	4. FEI Number		pplied For
	- NE CULLMAN		<u> 3238</u> 9	ł	65-0452420		ot Applicabl
Suite, Apt	#, etc	Suite, Apt. #, et	C.		5. Certificate of Status Desired	1 1 7 " "	Additional tequired
Port Stlucie FL		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
TORT	Country Country	. 28 LOUISUI	CCC/KY Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		to Fees
349	183 25 USA	29 40231	30 U S		8. This corporation has liability for in Florida Statutes	Yes No	s. 199.032,
	9. Name and Address of Cu	irrent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Rec	gistered Agent	
	SS, WILLIAM B		81	Name			
186 6	2 HUFFMAN ROAD "		82	Street Add	ress (P.O. Box Number is Not Acceptable 2 N E CULLMAN	le)	
POR	RT-ST. LUCIE FL 34952		83		2 NE CULLMAN	<u>cr</u>	,
			0.5	<u>'</u>			
•			84	City Po	Rt St Lucie	FL 85 34	Code
I Daniel mate	to the every since of Continue 603	10602 and 607 1509 Florida	Statutes the above	re-named corr	recretion submits this statement for the ou		its registerer
office or r	registered agent, or both, in the s	State of Florida, Such change	was authorized b	y the corpora	poration submits this statement for the pration's board of directors. I hereby accep	t the appointment a	s registered
" agent La	ini familiar with, and accept the c	obligations of, Section 607.05	us, Fiorida Statute	·S.			
GNATURE	Stenature, based or content name of recistor	ad agent and title if applicable		ent signature regu	ured when reinstalling)	DATE	
	Signature: typed or panied name of register	ed agent and title if applicable		ent signature requ	ured when renstaling) ADDITIONS/CHANGES TO OFFIC		RS IN 12
			(NOTE: Registered Ag	ent signature requ			
2.	OFFICERS PSTD	AND DIRECTORS	(NOTE: Registered Ap	7	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	
LE MI	OFFICERS	AND DIRECTORS	(NOTE: Registered Ag 13. IE 1.1 TITLE 1.2 NAME	7	ADDITIONS/CHANGES TO OFFICE SOBS, WILLIAM B 202 NE CULL MAN	ERS AND DIRECTO	
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