SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000084078 (3) 1. Corporation Name

W.R. INVESTMENTS DEVELOPMENT, INC.							
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Principal Place	e of Business	Mailing Address				- a indiidde iin inide fieit deiri aniie duiif daini	(Atty Aten Adult Inad) tan 1881
20533 BISCAYNE BLVD. 20533 BISCAYNE BLVD.			BLVD.				
SUITE 4314 SUITE 4314							
NORTH MIAMI FL 33181 NORTH MIAMI FL 33181			. 33181			DO NOT WRITE IN THIS	S SPACE
						3. Date incorporated or Qualified 12/09/1993	į
2. Principal P	lace of Business	2a. Mailing Addr	ess			4. FEI Number	Applied For
21		26				65-0453803	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27				C. Commonto di Stattas Boombo	Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	⊢ ¬	ountry		8. This corporation owes or has paid the cur	
24	25	29	30			Personal Property Tax due June 30.	Yes No
1 414	9. Name and Address of Current			81	Name	10. Name and Address of New Registered	Agent
	FIRM OF LAWRENCE J.SPIEGEL	"CHARTERED			INGILIO		
	ALMERIA AVENUE			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
COH	IAL GABLES FL 33134			83			
				84	City	FL	85 Zip Code
44	607.0502		to Chalutan the s			ation submits this statement for the purpose of c	henging its registered
office or	regi stere d agent, or both, in the State :	of Florida. Such char	ige was authoriz	ed by ti	he corporation	n's board of directors. I hereby accept the appoi	Intment as registered
agent. I a	am familiar with, and accept the obliga	tions of, section 607.	0505, Florida St	tatutes.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Regis	stered Ane	luper erutangia tne	red when reinstating) DATE	
12.							
	OFFICERS AND		1:	3.	······································	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	OFFICERS AND	DIRECTORS		3.		· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS IN 12 Change 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 attachment with an address.

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