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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

P94000015099 (2)

WHISPER I, INC.

DOCUMENT # 1. Corporation Name

Principal Place of Business	
·	Mailing Address
168 LOOKOUT PLACE SUITE 100	166 LOOKOUT PLACE SUITE 100



SUITE 100 MAITLAND		166 LOOKOUT I SUITE 100 MAITLAND FL 3:			Date Incorporated or Qualified 02/24/1994	3a. Date o	f Last F	
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number	- 		Applied For
Suite, Apt #	t. etc.				59-3224076			Not Applicable
22	SUITE 20	27	SUITE	- Z01	5. Certificate of Status Desired		•	Additional Required
City & State		City & State 28			Election Campaign Financing Trust Fund Contribution			May Be
Zip 24	Country 25	29	Zip Countr: 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	egistered Ag	ent	
				91 Name				
	AM, A C OCKOUT PLACE			32 Street Add	ress (P.O. Box Number is Not Acceptabl	le)		
	100 Z · 1		ļ.	33				
MAJTLA	ND FL 32751		ļ.			·· · · · · · · · · · · · · · · · · · ·		
				City		⊢ 1 1	I .	p Code
Or regratore	o the provisions of Sections 607.0 ad agent, or both, in the State of F h, and accept the obligations of, S	TOTOR SOUT CHAILDS WAS BUST	ionzed by the co	e-harned corpor orporation's boar	ration submits this statement for the purpird of directors. Thereby accept the appo		ing its r gistered	egistered office Lagent. Lam
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					or a thorouga taken a			
12.	OFFICERS	AND DIRECTORS	13,	t if Signifial are tracking	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DI	ŘEC1C	IDS IN 19
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14. Too nereby certify that the more ation supplied with this filing is voluntarily furnished and doe—not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this any first 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 composal on 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 13/1 of the deep or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (407) 645-5244