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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 14 1997 8:00am

Secretary of State

DOCUMENT # P94000026806 (7)

WEB ASSET MANAGEMENT AND INVESTMENT CORP.

Principal Place 904 SW 24TH BOYNTON BEA	\$T	904 St	Mailing Address 904 SW 24TH STREET BOYNTON BEACH FL 33426-5351									
US DO INTOIN BEA	WITTE WILL	US	US			_	3. Date Incorporated or Qualified					
2. Principal Place of Business			2a. Mailing Address					4, FEI Number		1	pplied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					65-0485279			lot Applicable	
22] Sorie, Apr.	W, OIC.		27				1	5. Certificate of Status Desired	X I	-	Additional Regulred	
City & State			City & State					6. Election Cempaign Financing			May Be	
23			28				- 1	Trust Fund Contribution		Added to Fees		
Zip	Country	Zip	>	Col	intry	/		8. This corporation has liability for in	ntangible	ax under :	s. 199.032,	
24	25	29		30					T] No		
	g, Name and Address of Curre	ent Registere	d Agent		-	1		o. Name and Address of New Rec	istered A	gent		
	RMAN, WILLIAM				81	Name						
	SW 24TH STREET				82	Street A	Address	(P.O. Box Number is Not Acceptabl	c)			
BOY	'NTON BEACH FL 33426				83							
					03	t						
					84	City			FL	85 Zip	Code	
agent. I ar SIGNATURE	egistered agent, or both, in the State familiar with, and accept the obli-	gations of, So	ection 607.0505, Fi	lorida Stat	lutes	y the corpo		ion submits this statement for the pro- board of directors. I hereby accep-	I the appo	intment as	s registered	
12.	OFFICERS A			13,	- Tage	- Barrer C	1040100 111	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12	
TITLE	D		DELETE	1.1 11	TLE	T				Change	☐ Addition	
NAME	SHERMAN, WILLIAM		•	1.2 N	AME	Í						
STREET ADDRESS	904 SW 24TH ST			1.3 \$	REET	ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CI	11Y-S	T-ZIP		1				
TITLE			□ DELETE	2111	116	Ţ			ŧ] Change		
NAME				2.2 N/								
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP			DELETE			ST-7IP				Channe	T tauties	
TITLE			- Deterit	3.1 1/		}				Change	Addition	
NAME OTOSET ADDOCCO				3.2 N/		*000000						
STREET ADDRESS CITY-ST-ZIP						ADDRESS ST-ZIP						
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STREET ADDRESS						ADDRESS						
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TITLE			DELETE	5.1 70	ILE				[Change	Addition	
. NAME				5.2 NA	ME	[
STREET ADDRESS				5381	HEET	ADDRESS						
CITY-ST-ZIP			Therese	5.4 CI		T - ZIP				٦	F 1 4 4 10 10 1	
TITLE			DELETE	6.170		- 1			L	Change	Addition	
NAME				62 N/								
STREET ADDRESS						ADDRESS						
14 I do hereb	v certify that the information supplie	ed with this fil	ing does not quali	6.4 Ci			aled in S	Section 119.07(3)(i), Florida Statutes	I further	certify that	the	
information	n indicated on this annual report or	supplementa or the receiver	Lannual report is t	true and a vered to e	ccu	rate and th	that my s	signature shall have the same logal required by Chapter 607, Florida St	effect as i	t made un	der oath; that	