SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/2/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 3:45

DOCUMENT # **P94000059300 (1)**

1. Corporation Name

WHITESPRING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
17376 SW 267TH LN MIAMI FL 33031	17376 SW 267TH LN MIAMI FL 33031

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report: N/A

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0595654 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFSON, DAVID A
15321 S DIXIE HWY #209
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: BONNIE VAN FLEET
82 Street Address (P.O. Box Number is Not Acceptable): 17376 S.W. 267 LANE
83
84 City: HOMESTEAD FL 85 Zip Code: 33031

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Bonnie Van Fleet BONNIE VAN FLEET 8/2/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	JOSEPH, JERRY L	1.2 NAME	BONNIE VAN FLEET	
STREET ADDRESS	17376 SW 267TH LN	1.3 STREET ADDRESS	17376 S.W. 267 LN	
CITY-ST-ZIP	MIAMI FL 33031	1.4 CITY-ST-ZIP	HOMESTEAD, FL 33031-2028	
TITLE	DVS	2.1 TITLE	V/T/D	☒ Change ☐ Addition
NAME	VAN FLEET, BONNIE	2.2 NAME	BARBARA PUERTO	
STREET ADDRESS	17376 SW 267TH LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33031	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Bonnie Van Fleet PRES BONNIE VAN FLEET 8.2.95 305 248 7929
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0031314 CP