FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000059300

1. Corporation Name

WHITESPRING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
17376 SW 267TH LN MIAMI FL 33031	PO BIX 924413 HOMESTEAD FL 33092-4413 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/11/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **65-0595654**	Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired ☒	**$8.75** Additional Fee Required
22		27			
City & State		City & State		6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
23		28			
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VAN FLEET, BONNIE W. 17376 SW 267 LANE HOMESTEAD FL 33031		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____

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	PSD	☐ DELETE	1.1 TITLE	P, V, S, D	☒ Change ☐ Addition
NAME	VAN FLEET, BONNIE W.		1.2 NAME	VANFLEET, BONNIE W.	
STREET ADDRESS	17376 SW 267 LN		1.3 STREET ADDRESS	17376 SW 267 LN	
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	VTD	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JOSEPH, JERRY L.		2.2 NAME	DELETE	
STREET ADDRESS	17376 SW 267 LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _Bonnie Van Fleet Pres._   4/15/99   305 242 7118