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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000063266 (8) **DOCUMENT #**

WJR CONSULTANTS, INC.

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 808 SEABREEZE DR. 808 SEABREEZE DR. BUSKIN FL 33570 BUSKIN FL 33570 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/24/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3278082 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RAMSEY, BETTY W 808 SEABREEZE DR. 82 Street Address (P.O. Box Number is Not Acceptable) RUSKIN FL 33570 83 84 City Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursuance 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 aggent the ophipations of, Section 607.0505, Florida Statutes. mse SIGNATURE E. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DEFICERS AND DIRECTORS 12, 13. TITLE __ DELETE 1.1 TITLE Change Addition NAME RAMSEY, W. JAY 1.2 NAME 808 SEABREEZE DR STREET ADDRESS 1.3 STREET ADDRESS RUSKIN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE RAMSEY, BETTY W. 2.2 NAME NAME STREET ADDRESS 808 SEABREEZE DR 2.3 STREET ADDRESS RUSKIN FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP __ DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF

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 changes, or on an attachment with an address.

SIGNATURE: