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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

1. Corporation Name

P94000063369 (0)

D. WESLEY, INC.

## FILED Apr 17 1998 8:00am Secretary of State

Principal Place of Business Maiting Address 210 ORANGE GROVE RD 210 ORANGE GROVE RD PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0519776 Not Applicable Suite. Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 WITKOWSKI, RONALD ESQIRE **6177 JOE ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE D-5 LAKE WORTH FL 33467 City 84 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE DPST 11 TITLE \_\_\_ Change Addition NAME LANGDON, DONALD W 1.2 NAME 210 ORANGE GROVE RD. STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 33480 CITY-S1-ZIP 1.4 CITY - ST- ZIP ■ DELETE TITLE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Channe Addition NAME 32 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 6.4 CITY-ST-ZIP

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.

Daniel W. And Carlotte

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