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 # P9400065830

WVH CORPORATION

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90030 002 ***150.00



Principal Place of Business Mailing Address					I (Ballant I)a latte atail antii aan		61181 61181 18181	• 14114 • • • • • • • • • • • • • • • •	
210 WEST KIN OUINCY FL 32:		P.O. BOX 1107 QUINCY FL 32353 US			DO NOT WRITE IN THIS SPACE				
		08		3.	Date Incorporated or Qualifed				}
					09/08/1994				ļ
2. Principal P	face of Business	2a. Mailing Address		4.	FEI Number		Ar	pplied For	1
	5 Yacht Club Dr.	— ·	26P.O. Box 80-1610		59-3270090		No	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			\$8.		\$8.75	Additional	l
1903		27		5.	5. Certificate of Status Desired		Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			May Be	l
		28 Aventura, FL			Trust Fund Contribution Added to Fees				
Zip Aventura, FL Country		Zip	Zip Country		8. This corporation owes the current year Intangible				
24 33180 25 USA		29 33280 30 USA			Personal Property Tax.		☐ Yes	□ No	1
	9. Name and Address of Curren	nt Registered Agent		10.	Name and Address of New Ro	gistered	Agent		1
			81 Name						
	RRY, JOHN S		82 Street A	Address (F	O. Box Number is Not Acceptal	ole)			1
208 NORTH ADAMS STREET				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,]
QUI	NCY FL 32351		83	_					ĺ
			84 City				85 Zip	Code	1
			O4 City			FL	_ 00 ~		
office or I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was aut	horized by the corpo	corporatio oration's b	n submits this statement for the poard of directors. I hereby accept	urpose of the appo	i changing its intment as re	s registered egistered	j
SIGNATURE									
	Signature, typed or printed name of registered age		Registered Agent signature re		reinstating) ADDITIONS/CHANGES TO OFF	DATE	ND DIDECTO	ODS IN 12	} ;
12.	,	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICENS A	Change	☐ Addition	1
TITLE	D SHODON MUSICANA V	Detere	1.2 NAME	нтс	DON, WILLIAM,	T.F	7		:
NAME	HIGDON, WILLIAM V	·		212			#1903		3
STREET ADDRESS			1.3 STREET ADDRESS		ntura, FL 3318		.,		
CITY-ST-ZIP	QUINCY FL 32351	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	AVE	neura, FL 3318	<u>U</u>	Change	Addition	1 ;
TITLE		C DELETE							
NAME			2.2 NAME						
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NAME			3.2 NAME						
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NAME			4.2 NAME						1
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CITY-ST-ZIP		E DELETE	4.4 CITY-ST-ZIP	 			Change	Addition	┨
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NAME									Ì
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CITY-ST-ZIP			6.1 TITLE				Charact	Addition	1
TITLE		☐ DELETE		[Change	☐ variation	
NAME			6.2 NAME						
STREET ADDRESS	5		6.3 STREET ADDRESS	1					1
	1		CACITY OT 7ID	t					

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.

226. 12, 19.99