PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P94000072951

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90051 013 ***150.00

WIDOCK	(PARTNERS, INC.					}						
Principal Place	e of Business	Mailing Address			·		4 (\$8)(\$8)	18671 81811 8811 1 1	racii 44 111 18 1	[]	(B) B) 44 (181 48 1	
2300 NW CORPORATE BLVD SUITE 238		-	2300 NW CORPORATE BLVD									
BOCA RATON FL 33431		BOCA RATON FL 3343	BOCA RATON FL 33431			Ĺ	DO NOT WRITE IN THIS SPACE					
US		US	US				3. Date ir corporat	ed or Qualife	d			
							10/05/1994					
2. Principa Place of Business		2a. Mailing Address	2a. Mailing Address				4. FEI Number				Applied For	_
21		26	26				<u>65-0536227</u>				Not Applicable	<u>.</u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Sta	atus Desired		T	Additional	
22		27								Fee	Required	_
City & State		City & State	City & State			İ	6. Election Campa	iign F⊧nancing	, 🗆		0 May Be	
23		28				Trust Fund Contribution				Adde	d to Fees	4
Zip	Country	Zip	Co	Country			8. This corporation		rrent year I	_	C-last	
24	25	29	30	·			Personal Prope			Yes	<u>[340</u>	
	9. Name and Add ess of Curre	ent Registered Agent		ļ.,			10. Name and Add	iress of New	Registere	d Agent		-
GDA	GG. K. LAWRENCE			81	Name							
200 S BISCAYNE BOULEVARD						reet Address (P.O. Box Number is Not			table)			
	E 4900			83								\dashv
	WI FL 33131							_				
				84	City				F	85 Zi	p Code	}
44 Duranta at	to the provisions of Sections 607.05	502 and 607 1508 Florida St	atu es the	hove	med	CO TOOLS	ation submits this st	atement for th	e purpose	of changing	its registered	\dashv
office or r	egistered agent, or both, in the Stat	te o Florida. Such change wa	as authorize	d bv	the corpo	oration's	s board of directors.	I hereby acc	ept the app	ointment as	registered	
agent. I a	m familiar with, and accept the obliq	gations of, Section 607.0505,	Ficrida Sta	utes	•							
SIGNATURE	Signature, typed or printed name of registered a	ant and title of explicable //	NOTI : Registere	d Anon	l eionature n	rectured wi	hen reinstating)		DATE			١.
12.		AND DIRECTORS	13	J Agen	it signatore it	equito m	ADDITIC NS/CH/	ANGES TO O		ND DIREC	TOF \$ IN 12	7 5
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NAME	DONAHUE, VINCENT P						On N.W.	Case	e Ten	BLVD.	Souter	29 :
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			3.4 CITY-ST-ZIP									
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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 a inual 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:

April 28/999 561-988-0042