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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Consists of Chate

DIV

Secretary of State
DIVISION OF CORPORATIONS '

DOCUMENT # P9400083576 (6)

WRAC BUSINESS SERVICES, INC.

FILED Feb 04 1998 8:00am Secretary of State



	<u>.</u>					<u> </u>	.(66 111 8) 2 011 (81	
Principal Place of Business Mailing Address								Pro 6444 1264
4411 BEE RID SARASOTA FI	GE ROAD STE. 451 L 34233	4411 BEE RIDGE ROAD STE. 451 SARASOTA FL 34233				DO NOT WRITE IN THIS	S SDACE	
						3. Date Incorporated or Qualified	- TOTAL	
						11/14/1994		ł
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	I A	oplied For
21		26				65-0535220		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					Additional
22		27				5. Certificate of Status Desired	Fee R	equired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28	Zip Country			Trust Fund Contribution		to Fees
Zip	Country	' ⊨ ' ⊨⊸``				8. This corporation owes or has paid the co		
24	25 Name and Address of Curre	nt Registered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered		No No
9, Name and Address of Current Registered Agent					Name	IV. Harrie Bill Address of New Registration	Main	
ESTES, DORITA M				81				
4411 BEE RIDGE ROAD STE. 451 SARASOTA FL 34233				82	Street Add	lress (P.O. Box Number is Not Acceptable)		
				83				
				84	City	Fi	85 Zip	Code
11. Pursuani t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the al	pove-	named corp	poration submits this statement for the purpose	of changing it	ts 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	D DELETE		1.1 TI	1.1 TITLE			Change	Addition
NAME	ESTES, WALTER E		1.2 N/	AME				
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CI	ITY-ST	-ZIP			
TITLE	D	☐ DELETE	2.1 TI	TLE			Change	Addition
NAME	ESTES, DORITA M		2.2 N/	2.2 NAME				Į
STREET ADDRESS	4411 BEE RIDGE ROAD STE	. 451	2.3 ST	FREET A	ADDRESS			İ
CITY-ST-ZIP	SARASOTA FL 34233	T on ere		117-51	r-ZIP			
TITLE		☐ DELETE	3.1 11		1		L Change	Addition
NAME			3.2 NA					
STREET ADDRESS					ADDRESS			ļ
CITY-ST-ZIP TITLE	DELETE			3.4. CITY-ST-ZIP 4.1 TETLE			Change	Addition
NAME		- Joenst	4. 2 N				Onlings	LJ NOUMON
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-ST				ŀ
TITLE		DELETE	5.1 10		- 241	-	Change	Addition
NAME			5.2 NA					
STREET ADDRESS					ADDRESS .			
CITY-ST-ZIP			1	TY-ST	ļ.			1
TITLE		DELETE	6.1 111				Change	Addition
NAME			6.2 NA				-	ſ
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-SI	1			
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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.

SIGNATURE: Davita Sm

DODITA M. ESTES

16/ax 941 953-57