


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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90047 028 ***150.00

0151630

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000087950

1. Corporation Name
W P ENTERPRISES OF KEY WEST, INC.

Principal Place of Business 917 PACKER ST. KEY WEST FL 33040	Mailing Address 917 PACKER ST. KEY WEST FL 33040
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3716 PEARLMAN TERRACE Suite, Apt. #, etc.	2a. Mailing Address 26 3716 PEARLMAN TERRACE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/05/1994	4. FEI Number 65-0537963	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State Key West FL	28 City & State Key West FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 33040-4223	25 Country USA	29 Zip 33040-4223	30 Country USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BROWN, WAYNE N
917 PACKER STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Npt Acceptable)
3716 PEARLMAN TERRACE
83
84 City
FL 85 Zip Code
33040-4223

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: *Wayne N. Brown* DATE: **3/1/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> DELETE
NAME	BROWN, WAYNE N	
STREET ADDRESS	917 PACKER ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	BROWN, PEGGY LEE P	
STREET ADDRESS	917 PACKER ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3716 PEARLMAN TERRACE	
1.4 CITY-ST-ZIP	33040-4223	
2.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	3716 PEARLMAN TERRACE	
2.4 CITY-ST-ZIP	33040-4223	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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, with all other like empowered.

SIGNATURE: *Wayne N. Brown* DATE: **3/1/99** DAYTIME PHONE #: **305-294-3234**

(NOTE: Registered Agent signature required when reinstating)

CR2E034 (11/98)