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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

1997 DOCUMENT # P94000091012 (2)

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	CORPORATION NUAL REPORT 1997 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
1. Corporati	IMENT # P940(On Name WUSEMENTS, INC.	00091012 (2	2)		1 44914971 ND 1801 DIAN 881H BAHI BAHI	8 8112 18181 1851 9 511		
SUITE 202 SUITE 202			ST SAMPLE RD.					
US		US	•		3. Date Incorporated or Qualified			
2. Principal	Piace of Business	2a, Mailing Address			4. FEI Number		Applied For]
21		26			65-0541289		Not Applicable]
Suite, Apt. #, etc Suite, Apt. i			I. #, etc.		5. Certificate of Status Desired	T -	75 Additional se Required	
City & State City & Stale					6. Election Campaign Financing	\$5	. 00 May Be	1
23		28		···-	Trust Fund Contribution	LJ Ad	ded to Fees	1
Zφ 24	Country	Zip		untry	8. This corporation has liability for in		der s. 199.032,	
24	25 g. Name and Address of Cu	rrent Registered Agent	30	T	Florida Statutes 10. Name and Address of New Rec		·····	-
DC1				B1 Name	to, name and read or the real	Jiotorou itgoin		1
PERCHEM, GUS 440 EAST SAMPLE ROAD					(0.0 B. M			-
	TTE 202		82 Street Add	ess (P.O. Box Number is Not Acceptable	e)			
	MPANO BEACH FL 33064		B3		······································		1	
				84 City		FL B5	Zıp Code	1
11. Pursuan office or agent. I	It to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the o	0502 and 607.1508, Florida State of Florida Such change blightions of, Section 607.050	Statutes, the a was authorized 5, Florida Sta	bove-named corp d by the corporal atutes	poration submits this statement for the pution's board of directors. I hereby accept		ing its registered nt as registered	-
SIGNATURE	Signature, typed or printed name of registeres			ed Agent signature requi	ed when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12]&
THE	D DELETE 1.1 11		ITLE	· —· · — · · · — · · · · · · · · · · ·	Cha	inge Addition	6	
NAME				IAME				8
STREET ADORESS				STREET ADDRESS				CR2E034 (9/96)
C.(1Y+\$1+7)P	POMPANO BEACH FL	Tiprice		CITY-ST-ZIP		——————————————————————————————————————		18
THE		DELET	1			☐ Cha	inge 🔲 Addition	10
NAME				IAME				
STREET ADDRESS	}			STREET ADDRESS				{

Sid. Witter R	Signature, type if or printed name of registered agen; and title if applicable	(NOTE: Re	egistered Agent signature	e required when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE	DE DE	ELETE	1.1 TITLE	Change Addition
NAME	DIMOS, CONSTANTINOS		1.2 NAME	
STREET ADDRESS	440 EAST SAMPLE ROAD #202		1.3 STREET ADDRESS	
City+St-7iP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	
Tifut	DE	ELETE	2.1 TIFLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - \$1 - ZiP			2.4 CITY-SY-ZIP	
TITLE	DE	ELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ACCURESS			3 3 STREET ADDRESS	
CHTY- ST-ZIF			3.4. CITY - ST - ZIP	
1 TLF	DE	ELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
C/TY+S1+ZIP			4.4 CITY-ST-ZIP	
TITLE	DE	ELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST 7/2			5.4 City-St-ZiP	
Tille		ELETE	6.1 TITLE	Change Addition
NAME:			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
City-St-ZiP			6.4 CITY - ŞT - ZIP	

14. I do 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR