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

**CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500001427 (0)

UNINSURED WFW CORP.

Principa	al F	lace	of	Business	3
9 200	w	94.77	u	AVE	

Mailing Address

## **FILED** Apr 28 1997 8:00am Secretary of State



28700 S.W. 217TH AVE. HOMESTEAD FL 33030		28700 S.W. 217TH AVE. HOMESTEAD FL 33030-7611					
					3. Date Incorporated or Qualified 01/01/1995	3a. Date of Last 05/01/1996	· '
	Place of Business	2a. Mailing Address	2.5		4. FEI Number		Applied For
21 287		26 28730 50	217	Hue	65-0544246		Not Applicable
Suite, Apt.	•	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional Required
City & Stat 23	Country 25	City & State	, C		Election Campaign Financing Trust Fund Contribution		<b>0</b> May Be d to Fees
24 Zip P	Country	Zip A > 3	~~)	/	8. This corporation has liability for in Florida Statutes	ntangible tax under Yes 🔲 No	s. 199.032,
	9. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Reg	gistered Agent	
WHI	TSITT, WILLIAM F		81	Name			
	00 S.W. 217TH AVE. MESTEAD FL 33030		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
			83				
			84	City		FL 85 Zij	p Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was aut	horized b	v the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing I the appointment a	its registered as registered
SIGNATURE	Signature, typed or pented name of registered agout	and the it ampleable (NOV )	Registered Ara	ent signature region	red when reinstaling)	DATE	
12.	OFFICERS AND		<b>I</b> 18.		ADDITIONS/CHANGES TO OFFIC		DRS IN 12
TITLE	D	☐ DELETE	11111111			Change	
NAME	WHITSITT, WILLIAM F		1.2 NAME				
STREET ADDRESS	28700 S.W. 217TH AVE.		1.3 STREE	ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL 33030		14 0174-5	ST - ZIP			
TITLE		☐ DELETE	2 THILE			☐ Change	e 🔲 Addition
NAME			22 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		DELETE	2. 4 C(TY-	ST - ZIP		☐ Change	- I Addition
TITLE NAME			3 · TITLE 3.2 NAME			Change	Addition
STREET ADDRESS			1	ADDRES\$			
CITY-ST-ZIP			3.4. CITY-				
TITLE		DELETE	4. TITLE	51-211		Change	Addition
NAME			4. 2 NAME			_ •	
STREET ADDRESS			4.3 \$1REE1	ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP			
TITLE		DELETE	5.1 TOLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		····	5.4 CITY - 5	51 - ZIP		<b></b>	
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	·		6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP			6.4 CITY - 5	ST-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 12 or Block 13 if changed, or on an attachment with an address.

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