

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003054 (0)

1. Corporation Name

WBO SPECIALTIES, INC.

Principal Place of Business

Mailing Address

431 E. DONEGAN AVENUE
KISSIMMEE FL 34744

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KISSIMMEE FL 34744

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3297935

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, PETER
667 KOALA CT.
POINCIANA FL 34759

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(If title Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PRESIDENT
PETER CRUZ
667 KOALA CT.
KISSIMMEE FL 34759

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY - ST - ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY - ST - ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY - ST - ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY - ST - ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY - ST - ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY - ST - ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY - ST - ZIP

141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY - ST - ZIP

151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY - ST - ZIP

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211 TITLE 212 NAME 213 STREET ADDRESS 214 CITY - ST - ZIP

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331 TITLE 332 NAME 333 STREET ADDRESS 334 CITY - ST - ZIP

341 TITLE 342 NAME 343 STREET ADDRESS 344 CITY - ST - ZIP

351 TITLE 352 NAME 353 STREET ADDRESS 354 CITY - ST - ZIP

361 TITLE 362 NAME 363 STREET ADDRESS 364 CITY - ST - ZIP

371 TITLE 372 NAME 373 STREET ADDRESS 374 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER CRUZ

8/26/96

407 846-2228