

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90128 009 \*\*\*150.00

DOCUMENT # P95000010088

1. Corporation Name  
W.C.H., INC.

Principal Place of Business  
142 ANITA COURT  
WEST PALM BEACH FL 33415

Mailing Address  
142 ANITA COURT  
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/07/1995

4. FEI Number  
65-0556621

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11650-56th PLACE N.  
Suite, Apt. #, etc.

22 City & State

23 R.P.B., FL

24 33411 25 PALM BEACH

2a. Mailing Address

26 11650-56th PLACE N  
Suite, Apt. #, etc.

27 City & State

28 R.P.B. FL

29 33411 30 PALM BEACH

9. Name and Address of Current Registered Agent

CRAMER, DARYL B  
825 N FLAGLER DRIVE 9TH FLOOR  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HEINTZ, WENDY C  
STREET ADDRESS 142 ANITA COURT  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☐ DELETE  
NAME HEINTZ, ROBERT A  
STREET ADDRESS 142 ANITA COURT  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME HEINTZ, WENDY C  
1.3 STREET ADDRESS 11650-56th PLACE N  
1.4 CITY-ST-ZIP R P B, FL 33411

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME HEINTZ, ROBERT A  
2.3 STREET ADDRESS 11650-56th PLACE N  
2.4 CITY-ST-ZIP R P B, FL 33411

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Wendy C Heintz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 (561) 683-2376

Date

Daytime Phone #

CR2E034 (11/98)