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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000016814 (2)

Country

9. Name and Address of Current Registered Agent

25

FEINBERG, JEFFREY **4651 SHERIDAN STREET** 

HOLLYWOOD FL 33021

SUITE 300

appears in Block 12

SIGNATURE:

WEE FEET III, INC.

Principa:	Place	of	FI.	Isiness.

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #. etc.

26

27

28

29

**2595 N. HIATUS ROAD** PEMBROKE PINES FL 33026

2. Principa Place of Business

Suite, Apt. #, etc.

City & State

21

22

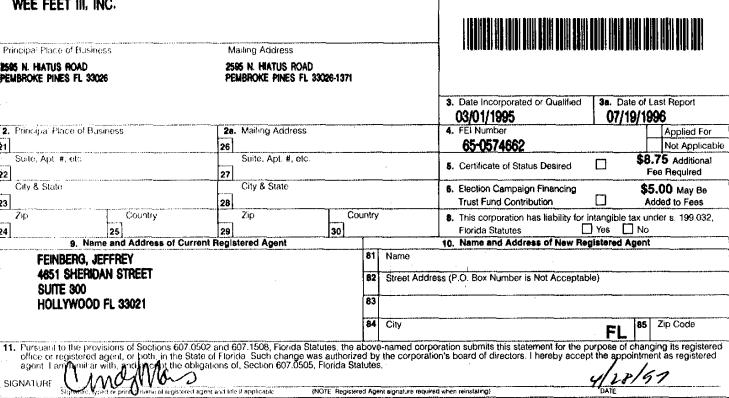
23

24

Zip

2595 N. HIATUS ROAD PEMBROKE PINES FL 33026-1371

## **FILED** May 05 1997 8:00am Secretary of State



Daytime Priorie

SIGNATURE	( maxilas		4/28/57				
Signature, Typical or printing natural oil registered agent and little if applicable. (NOTE: Registered Agent eignature required when reinstaling) DATE							
_12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
THE	D DELETE	1.1 TITLE	Change Addition				
NAME	MORALES, CINDY	1.2 NAME					
STREET ADDRESS	2595 N. HIATUS ROAD	1.3 STREET ADDRESS	•				
CITY - ST - ZET	PEMBROKE PINES FL 33026	1.4 CITY-ST-ZIP					
TITLE	DELETE	2.1 TITLE	Change Addition				
NAMe		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
City-St-ZiP		2.4 CITY-ST-ZIP					
TITLE	☐ DELETE	31 TITLE	Change Addition				
NAME		3.2 NAME					
STREET ADORESS		3.3 STREET ADDRESS					
CHY+\$1+Z0+		3.4. CITY - ST - ZIP					
TIFLE	DELETE	4.1 TITLE	Change Addition				
- NAME		4. 2 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CHY+ST-ZiP		4.4 CITY - ST - ZIP					
· TITLE	DELETE	5.1 TITLE	Change Addition				
NAME.		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
Cath - St - ZiP		5.4 CITY-ST-ZIP					
file	DELETE	61 TITLE	Change Addition				
NAME	,	6.2 NAME					
STREET ADORESS		6.3 STREET ADDRESS	·				
CITY-ST-20		6.4 CITY - ST - ZIP					
14. I do hereby certify that the information supplied with this filling 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 directly from the composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name							

Country

81

62

83

City