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CORPORATION ANNUAL REPORT



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

1996

P95000039823 (6) **DOCUMENT #**

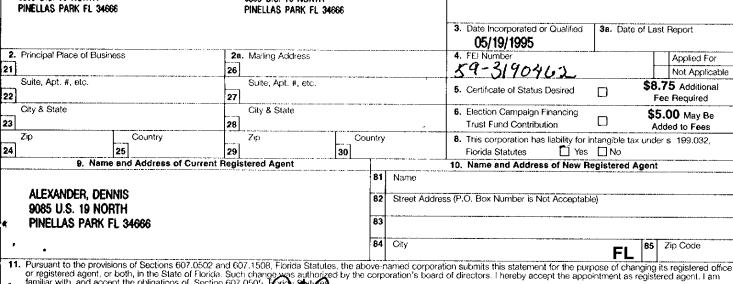
Corporation Name	U
WHITE WITCH DOCTOR, INC.	

9085 U.S. 19 NORTH

Principal Place of Business

Mailing Address

9085 U.S. 19 NORTH



or registered agent, or both, in the State of Florida. Such change we familiar with, and accept the obligations of, Section 607.0505, World Alexander SIGNATURE DENVIS 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 25/2 TITLE DELETE Change Addition E. 1 TITLE ALEXANDER, DENNIS NAME 1.2 NAME CR2E034 9085 U.S. 19 NORTH STREET ADDRESS 1.3 STREET ADDRESS PINELLAS PARK FL 34666 CITY-S1-ZIP 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 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change TITLE 4 1 TITLE Addition . -05/15/96--01039--035 ***200 00 4000018221 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS ***200.00 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELF1E 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5 4 CiTY - ST - ZIP TITLE DELETE 6. 1 TITLE Change ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6.4 CITY - S1 - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information of sicolated 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 for the true tory if the composition of the receiver or trolled empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or glock is a managed, or on an attachment with an address. annual report is true and accurate and that my signature shall have the same legal effect as if made under stee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name

SIGNATURE:

O NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 813-517-1391