

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 13 1998 8:00 am
Secretary of State

DOCUMENT # **P95000043749 (7)**

1. Corporation Name
WHIMSICAL, INC.

Principal Place of Business
**9220 N.W. 32ND MANOR
SUNRISE FL 33351**

Mailing Address
**9220 N.W. 32ND MANOR
SUNRISE FL 33351**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1995

4. FEI Number

65-0586053

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERIERA, JOSEPH A JR.
10300 S.W. 72ND ST.
#470C
MIAMI FL 33173**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
CALABRESE, NANCY
9220 N.W. 32ND MANOR
SUNRISE FL 33351**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**ST
ALONGI, CAROL
965 N.W. 79TH TERRACE
PLANTATION FL 33324**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**ST
ALONGI, CAROL
965 N.W. 79TH TERRACE
PLANTATION FL 33324**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**ST
ALONGI, CAROL
965 N.W. 79TH TERRACE
PLANTATION FL 33324**

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**ST
ALONGI, CAROL
965 N.W. 79TH TERRACE
PLANTATION FL 33324**

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**ST
ALONGI, CAROL
965 N.W. 79TH TERRACE
PLANTATION FL 33324**

16 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**ST
ALONGI, CAROL
965 N.W. 79TH TERRACE
PLANTATION FL 33324**

17 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00000000

CR2E034 (10/97)