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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

2. Principal Place of Business

POCUMENT # P95000056336 (7)

WOMACK ENTERPRISES INC.

21 21765 Little Book Ct

Principal Place of Business	Mailing Address	
9805 MAJORCA PLACE BOCA RATON FL 33434	PO BOX 933 DEERFIELD BCH. FL 33443-0933	
42		3. Date Incorporated or Qualified

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2a. Mailing Address

Suite, Apt. #, etc.



07/19/1995

65-0597554

5. Certificate of Status Desired

1/12/97

57-1- 157 GB2V

4. FEI Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

05/29/1996

<u> </u>	[27]		· · ·	r oo maquirou
BOCA RATCO, FL	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	
133428 25 USA		30		Yes 🛂 No
	of Current Registered Agent		10. Name and Address of New Reg	stered Agent
WOMACK, RICHARD		81 Name		
9805 MAJORCA PLACE		82 Street Add	iress (P.O. Box Number is Not Acceptable	o)
BOCA RATON FL 33434		2176		·
		83	,	
		84 City		B5 Zip Code
·		1 1600		FL 33428
Pursuant to the provisions of Section	is 607.0502 and 607.1508, Florida Sta	itutes, the above-named cor	poration submits this statement for the pu	rpose of changing its registered
agent. I am familiar with, and accept	t the obligations of Section 607.0505,	as aumonzeo by the corpore . Florida Statutes.	poration submits this statement for the pu tion's board of directors. I hereby accept	the appointment as registered
SIGNATURE Dicher S.	1 L - 201		1/1	197
Signature, typod or printed name of	registered agent and title if applicable. (F	NOTE: Registered Agent signature requ	ired when reinstating)	DATE
	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TILE D	☐ DELETE	1.1 TITLE		Change Addition
AME WOMACK, RICHARD		1.2 NAME		
TREET ADDRESS 9805 MAJORCA PLAI		1.3 STHEET ADDRESS		
1TY-ST-ZIP BOCA RATON FL 334		1.4 CITY - ST - ZIP		
TLE .	DELETE	2.1 TITLE		Change Addition
AME		2.2 NAME		
TREET ADDRESS		2.3 STREET ADDRESS		
rty-st-zip		2 4 CITY-ST-ZIP		
ULE .	☐ DÉLETE	3.1 TITLE		Change Addition
AMÉ		3.2 NAME		
TREET ADDRESS		3.3 STREET ADDRESS		
ny-st-zip		3.4 CITY-S1-7IP		
ITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
AME		4. 2 NAME		
TREET ADDRESS		4.3 STREET ADDRESS		
ITY-ST-ZIP		4.4 CITY-ST-ZIP		
TLE	L DELETE	5.1 TITLE		Change Addition
AME		5.2 NAME		
TREET ADDRESS		5.3 STREET ADDRESS		
fty-st-zip		5.4 CITY-ST-ZIP		
TLE	DELETE	6.1 TITLE		Change Addition
AME		6.2 NAME		
TREET ADDRESS		6.3 STREET ADDRESS		
XTY-ST-ZIP		64 CITY - ST - ZIP		
 I do hereby certify that the information information indicated on this annual I am an officer or director of the corp appears in Block 12 or Block 13 if ch 	in supplied with this filling does not our report or supplemental annual report it poration or the receiver or trustor emp hanged, or on an attachment with an a	ially for the exemption state is true and accurate and tha lowered to execute this repo- address.	d in Section 119.07(3)(i), Florida Statutes. t my signature shall have the same legal of rt as required by Chapter 607, Florida Sta	I further certify that the effect as if made under oath; the tutes; and that my name