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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jun 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000058256 (5)

WCG, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address								. Landichai cia laidi diili dacii adiil galii dhili dhib! d	KOBY YORKO INGO	ALIKA AILI IAAT
2143 DEER HOLLOW CIRCLE 2143 DEER HOL			13 DEER HOLLOW CIR	RCLE						
LONGWOOD FL \$2779		5.5	LONGWOOD FL 32779				DO NOT WRITE IN THIS SPACE			
יו	is :	· ·	US					3. Date Incorporated or Qualified	3 SPACE	
								07/28/1995		
2.	Principal Place	of Business	2a. N	Mailing Address				4. FEI Number	-	Applied For
21	•		26					59-3365175		Not Applicable
	Suite, Apt #,	tc.		Suite, Apt. #, etc.						Additional
22			27					5. Certificate of Status Desired	,	Required
	City & State			City & State				6. Election Campaign Financing	\$5.0	O May Be
23		28						Trust Fund Contribution		d to Fees
	Zip	Country	7	Zip Coun				8. This corporation owes or has paid the c	urrent year	Intangible
24		25	29		30			Personal Property Tax due June 30.	Yes Yes	□ No
		, Name and Address of Curre	nt Registe	red Agent				10. Name and Address of New Registered	d Agent	
		IT, DAVID L			8	31 N	ame			
		DEER HOLLOW CIRCLE			8	12 SI	reet Addre	ess (P.O. Box Number is Not Acceptable)		
	LONG	WOOD FL 32779								
					8	13				
		: ¥			ē	4 C	tv		85 Zi	p Code
							•	F	L	'
11	 Pursuant to the office or regis 	te provisions of Sections 607.056 te red agent, or both, in the State	02 and 607 a of Florida	 1508, Florida Statute Such change was a 	es, the abo	ove-na	med corpo	pration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing	its registered
	agent I am I	miliar with, and accept the oblic	ations of, S	Section 607.0505, Flo	orida Statul	tes.	corporation	on a bound of directors. Thereby accept the ap	2ponninone	aa registered
SI	SNATURE	<u> </u>								
-40	~~~~	Nure, typed or printed name of registered ag				Agent sig	nature required	d when reinstating) DATE		
12 Till		OFFICERS AN	ID DIRECT	DELETE	13.		1	ADDITIONS/CHANGES TO OFFICERS AN	~ —	
	1 1	MONOUT DAVID I		L. Detert	1.1 TITE				∐ Chang	e L. Addition
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		LONGWOOD FL 32779	5							
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14. I hereby certify that the information supplied with this filing does not qualify for Exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual poort is true and accordance 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 of trustee empowers 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.

***150.00