FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000065431 (5)

DOODINEIN	π	o) i c r cooooce	
 Corporation Name 		(1	•

W.D.D.	L. VENTURE CORP.									
Principal Place	e of Business	Mailing Address		••		-	Faill Baill A if	JI BRIFF BID ar	i shini fili iani	
1300 LAKE COMO DRIVE 1300 LAKE COMO DRIVE LUTZ FL 33549 LUTZ FL 33549			IO DRIVE							
						3. Date Incorporated or Qualified 08/23/1995	3a. Date	of Last Re	eport	
21 Suite, Apt. #, etc.			2a. Mailing Address 26 Suite. Apt. #, etc			4. FEI Number 59 - 33 45 188			Applied For Not Applicable	
						5. Certificate of Status Desired	Additional Required			
Crty & State		City & State				6. Election Campaign Financing			0 May Be	
23		28				Trust Fund Contribution Added to Fees				
Zıp	Country Zip		Coul	itry		8. This corporation has liability for		ix under s	199.032	
24	25	29	30				□ No			
	9. Name and Address of Curre	ent Registered Agent		<u> </u>		10. Name and Address of New F	legistered .	Agent		
				81 1	lame					
	RICHARD P			82 5	Street Addre	ss (P.O. Box Number is Not Acceptab	ole)			
	KE COMO DRIVE			83						
LUTZ FL	. 33549			63						
				84 (Orty		FL	85 Z¢	p Code	
11 Directors	to the provisions of Sastrons 607.050	02 and 607 1508 Florid:	Statutes Inc. abo	/6. P.30	vad comora	tion submits this statement for the pu		noing its r	registered office	
or register familiar wi	red agent, or both, in the State of Flo ith, and accept the obligations of, Se	nida Such change was a ction 607 JS05, Florida S	authorized by the c Statutes Part Tata	orpora	ition's board	tion submits this statement for the put of directors. Thereby accept the app	ointment as	registered	agent Lam	
12.			(Note: Physician)			ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	DRS IN 12	
TITLE	D	OF FICERS AND DIRECTORS DELETE		1 1 1 11 1		ABBITIONS OF LANGES TO OFF	<u>-</u>	Change	Addition	
NAME	GATES, RICHARD P	_		1.2 NAME			•		_	
STREET ADDRESS	1300 LAKE COMO DRIVE			13 STREET ADDRESS						
CITY - ST - ZIP	LUTZ FL 33549				iP					
TITLE	D	DELE			· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME	LEQUITTA, RICHARD P	_		2.2 NAME						
STHEET ADDRESS	1300 LAKE COMO DRIVE		2351	REET AD	DRES\$					
CITY-ST-ZIP	LUTZ FL 33549			2.4 CITY - ST - ZIP						
TITLE	D	☐ DELE	TE 3 11	īL E			[Change	■ Addition	
NAME	BOGER, DAN D		3 2 N ²	ME						
STREET ADDRESS	1864 DAIGUIRI LANE		338	REET AU	IDRESS					
CITY - S1 - ZIP	LUTZ FL 33549			[Y-S]-	Jb					
TITLE	D D	☐ DELE					Į	Change	Addition	
NAME	BOGER, WENDY K		4.2 N							
STREET ADDRESS	1864 DAJQUIRI LANE			REET AC						
CITY - ST - ZIP	LUTZ FL 33549	DELE		IY-SI-I	1F:		· r	Change	Addition	
TITLE							L	спанув	☐ Addition:	
NAME			52 N/		on es					
STREET ADDRESS				HEFF AU	1					
CHTY - ST - ZIP		DELE		IY SL ; D.:	ar			Change	Addition	
			62 N				'	90		
NAME			62.0	ii vit	1					

14. Ido 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 1 further certify that the information indicated on this armual report or supplemental armual 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

€ 3 STREET ADDRESS. 6.4 CITY S1-ZIP

STREET ADDRESS

SIGNATURE: Queland P. Hatt Richard & GATES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 971 3030