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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000077083

## **FILED** Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90036 008 \*\*\*150.00

WERA V	INTAGE, INC.							
Dringinal Diag	e of Rusiness	Mailing Address				-		
•								•
113 APPLEWOOD DR. LONGWOOD FL 32750 LONGWOOD FL 32750 LONGWOOD FL 32750						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						10/02/1995		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	An <sup>-</sup>	plied For
21 26						59-3353970		t Applicable
_	Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75.A	
22						5. Certificate of Status Desired	Fee Re	
City & Stat	e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Ir	ntangible	
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	l Agent	
				81	Name			i
Breckon, Lynne				82	Street Addres	ss (P.O. Box Number is Not Acceptable)	• ,	
113 APPLEWOOD DR.				-	Olicel Addie.	33 (F.O. DOX Humbel 13 Not recoptable)		
LONGWOOD FL 32750				83				
				84	City	CI	85 Zip C	ode
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	by th	named corpor he corporation	ration submits this statement for the purpose or 's board of directors. I hereby accept the appo	f changing its intment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered	Agent :	signature required v	when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TIT	lE.			☐ Change	Addition
NAME	BRECKON, LYNNE 1.2 N		1.2 NA	ME				
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	. CALCULO CO. EL PATTO		1.4 CIT	Y-ST-	ZIP			] :
TITLE		☐ DELETE	2.1 TITLE		İ		Change	Addition
NAME			2.2 NAME					1
STREET ADDRESS			2.3 STREE		ADDRESS			
CITY-ST-ZIP			2. 4 CF	TY-ST-	- ZIP			
TITLE		☐ DELETE	3.1 TIT				☐ Change	☐ Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET A	NODRESS			
CITY-ST-ZIP			3.4. CI	TY-ST-	- ZIP			
TITLE		☐ DELETE	4.1 TIT				☐ Change	Addition
NAME			4. 2 NA	ME.				Ĭ
STREET ADDRESS			4.3 ST	REETA	ADDRESS			
CITY-ST-ZIP				Y-ST-		,		
TITLE		☐ DELETE	5.1 TIT				☐ Change	☐ Addition
NAME			5.2 NA	ME		•		
STREET ADDRESS			5.3 S∏	REETA	NDORESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP		•	
TITLE		☐ DELETE	6.1 TIT	LE		·	Change	☐ Addition
NAME .			6.2 NA	ME				
STREET ADDRESS	:		6.3 STI	REETA	NODRESS			1
			SA CIT	v et	710			}

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: