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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Morthap 4
Secretary of State

DOCUMENT # P95 1. Corporation Name	000086101	l (9)				
WEBPRO, INC.				1 16 S 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1		18118 S(181 128) BS(8) 1181 48)
Principal Place of Business	Mollon Address					
·	Mailing Address					
383 N.E. 2ND AVENUE HALLANDALE FL 33009	383 N.E. 2ND HALLANDALE					
				3. Date Incorporated or Qualified 11/08/1995	3a. Date	of Last Report
Principal Place of Business	2a. Mailing Addre	iss.		4. FEI Number 65-065020	25	Applied For
Suite, Apt. #, etc.	Suite, Apt #.	etc.				Not Applicabl \$8.75 Additional
]	27			5. Certificate of Status Desired		Fee Required
Crly & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Gountry	Z(p	Coun	itry	8. This corporation has liability for		ox under s. 199.032,
9. Name and Address of Co	29 Jurrent Registered Agent	30		Florida Statutes		Agent
g. Traine and Francisca Of Co		1	81 Name	10, Intillo Bilo Addiess of Hear	- Spiercied	730111
HAIMM, MICHAEL		 - -	82 Street Add	ress (P.O. Box Number is Not Acceptat	nle)	
383 N.E. 2ND AVENUE				Tegs (Fig. 2007) terriber to vice viceoptal	J.O.,	
HALLANDALE FL 33009		{	B3			
		1	84 City		FL	85 Zip Code
 Pursurant to the provisions of Sections 607, or registered agent, or both, in the State of familiar with, and accept the obligations of 	f Florida. Such change was a	authorized by the co	e named corpo orporation's boo	ration submits this statement for the purify of directors. Thereby accept the app	rpose of cha jointment as	inging its registered office registered agent. I an
SIGNATURE Signature typical or provide made of registers		(húile Bryssered A	Qerd Signal no require		DATE	
2. OFFICE HE	S AND D-RECTORS	13. IE 1 1 1 1		ADDITIONS/CHANGES TO OFF		
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4.1 I do hereby certify that the information supplied with this rang is votuntarily furnished and does not quit by for the exemption stated in Section 119.07(3)(b). Florida Statutes, I furner certify that the information indicated on this anotal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the comprehen or trusted en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of Jangers for one in attachment with an address.

SIGNATURE:

HE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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