

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000088277 (5)

1. Corporation Name

WKL ENTERPRISES, INC.



Principal Place of Business

Mailing Address

3101 PORT ROYALE BLVD. #1135
FT LAUDERDALE FL 33308

3101 PORT ROYALE BLVD. #1135
FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified

11/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2801 NE 33RD CT.

26 2801 NE 33RD CT.

4. FEI Number

65-0621664

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 #201

27 #201

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 FT. LAUDERDALE, FL

28 FT. LAUDERDALE, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33306

25 BROWARD

29 33306

30 BROWARD

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LATOURETTE, WILLIAM K
3101 PORT ROYALE BLVD, #1135
FT LAUDERDALE FL 33308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2801 NE 33RD CT

83

#201

84

FT. LAUDERDALE

FL

85 Zip Code

33306

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of the registered agent and title (Applicable)

(NOTE: Registered Agent's signature required when resigning)

Date

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

LATOURETTE, WILLIAM K

STREET ADDRESS

3101 PORT ROYALE BLVD, #1135

CITY - ST - ZIP

FT LAUDERDALE FL 33308

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☒ Change

☐ Addition

12 NAME

13 STREET ADDRESS

2801 NE 33RD CT, #201

14 CITY - ST - ZIP

FT. LAUDERDALE, FL 33306

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do 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. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

William K. Latourette

William K. LATOURETTE 8/2/96

(954) 563-8466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)