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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000088339 (3)

WTM INTERNATIONAL, INC.

FILED Jan 31 1997 8:00am Secretary of State



Drivers of Place	of Develope	Mollog, Address					
Principal Place of Business 99 POQUITO ROAD		99 POQUITO ROAD	Mailing Address 99 POQUITO ROAD				1111
SHALIMAR FL		SHALIMAR FL 32579-1115	SHALIMAR FL 32579-1115			•	
í I					3. Date Incorporated or Qualified	· ·	
A 5	(f)	I A. Markey Andrews			11/16/1995	02/07/1996	
·····	Place of Business	2a. Mailing Address			4. FEI Number 59-3350559	·	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				60 75	Additional
22		27			5. Certificate of Status Desired		Required
City & Stat	le	City & State			6. Election Campaign Financing		May Be
23		28	1 6		Trust Fund Contribution		d to Fees
Ζιρ 24	Country Zip Cou		ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25 g. Name and Address of Curre		[30]		10. Name and Address of New F		
NFV	WMAN, RAYMOND F JR.			81 Name			
	EGLIN PARKWAY NE			82 Street Add	Irace (B.O. Boy Number is Not Accept	able)	
FORT WALTON BEACH FL 32548				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
			l	84 City		85 Zi	ip Code
						FL	<u></u> [
office or	registered agent, or both, in the Stat	te of Florida, Such change was	authorized	d by the corpora	poration submits this statement for the tion's board of directors. I hereby acc	 purpose of changing ept the appointment i) its registered as registered
1	am familiar with, and accept the obli	igations of, Section 607.0505, F	·lorida Stat	utes.			
SIGNATURE	Signature, typed or printing namer of registered a	igent and fitte 4 applicable (NC	TE Registered	Agent signature requi	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 10	LE		☐ Change	e Addition
NAME	MCADOO, WILLIAM T		1.2 N/	ME			i
STREET ADORESS	99 POQUITO ROAD		1.3 \$7	REET ADDRESS			
CITY-ST-ZIF	SHALIMAR FL 32579			TY+ST+ZIP			
TITLE	STD	DELETE	2.1 [[L Change	e 🔲 Addition
NAME	MCADOO, JILL D		2.2 N/				
STREET ADDRESS	99 POQUITO ROAD SHALIMAR FL 32579			REET ADDRESS	Ŧ	, t.a.∗	
CITY-ST-ZIFI TITLE	SHALIMAN PL 32378	DELETE	2. 4 U	TY-\$T-Z⊮P		Change	e Addition
NAME		Carrette	3.2 N/	Y	•	rent cupulto	- Monion
STREET ADDRESS				REET ADORESS			ļ
CITY - ST - ZIP				TY-ST-ZIP			
TITLE		DELETE	4.1 70		······································	☐ Change	e
NAME			4.2 N	AME			
STREET ADDRESS			4.3 \$1	REET ADDRESS			
CITY-ST-7IP				TY-ST-ZIP		·	
TITLE		☐ DELETE	5.1 10			Change	e 🛄 Addition
NAME			5.2 N/				
STREET ADDRESS				reet address			
CHY-ST-ZIP		DECETE		IY-ST-ZIP		T Chan	n Adelia-
TITLE		DELETE	6.1 TÜ	1		Change	e [_] Addition
NAME OTOGET ADDITION	·		6.2 N/	ľ			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			6.4 Ct	TY-ST-ZIP			1

14. I do 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 attantiment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR