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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

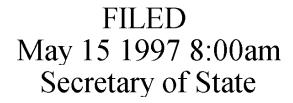
DOCUMENT #

P95000093168 (9)

WP EQUITIES, INC.

Principal Place of Business

Mailing Address





3030 HARLEY ROAD STE 100 JACKSONVILLE FL 32257		3030 HARLEY ROAD STE 100 JACKSONVILLE FL 32257-8214						
					3. Date Incorporated or Qualified	3a. Dat	e of Las	st Report
	77.75.77.74.74.74.74.74.74.74.74.74.74.74.74.				12/07/1995	05/(	01/199	
	lace of Business	2a. Mailing Address	<del></del>		4. FETNumber	,		Applied For
21]		26			59-3349745			Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees
7φ 24	Country 25	Ζφ <b>29</b>	Countr 30	у		Yes 🔣	No	er s. 199.032,
	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New Re	gistered A	gent	
FAI	RRELL, MARK T		81	Name				
3030 HARLEY ROAD STE 100 JACKSONVILLE FL 32257			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
UTK	ONDOMINEDE I E DEED!		83	<b>F</b>				
			84	City		FL	85 2	Zip Code
SIGNATURE	Dignature, typind or printed name of registeres				rporation submits this statement for the pation's board of directors. I hereby acception and the statement for the pation's board of directors. I hereby acception and the statement of the state	DATE		
TITLE	I	DELETE	1.1 TITLE		ADDITIONO/OF IANGED TO OFFIC		Chan	
111.63								
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I no nereby certify that the information supplied with this lining does not quality to the exemption stated in section 119.07(5), include Statutes. Intuiting cours not quality to the exemption stated in section 119.07(5), include Statutes. Intuiting course 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21/97

904/260-3030

Daytime Phone #