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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name

WFL, INC.

FILED Jul 27, 1999 8:00 am Secretary of State 07-27-1999 90029 015 ***150.00

Principal Place of Business	Mailing Address		,			
3134 N. Federal High	DAY 3134 N. Fede Schooli Lighthouse F	hal Hishwat				
LIGHTHOUSE POINT, FL	many Lightnesse F	bint, Fi 35064	DO NOT WRITE IN THIS SPACE			
(3.1.7.1.2.2.2.4.1.1.4.1.2.2.2.2.2.2.2.2.2.2.2	5500 (,0 (3. Date Incorporated or Qualifed (2\20\95		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		65-0623216	Not Applicable		
Suite. Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required ~		
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be		
231	28		Trust Fund Contribution	Added to Fees		
Zip Country	Zip 30	Country	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No		
	Current Registered Agent		10. Name and Address of New Registere	d Agent		
Miller, 30	call F		iedmou, Coned, Cambolis			
alo univer	Sity Dr., #502	82 Street Addre	ess (P.O. Box Number is Not Acceptable) SOUNT URISITY IDRIVE			
14 —	N35, た SSOTI	83 5	5017E 32			
		1 1	YIAN 104000 FL 330344			
office or registered agent, or both, in the agent, I am familiar with, and accept the	607.0502 and 607.1508. Florida Statutes, the State of Florida. Such change was author the obligations of, Section 607.0505, Florida (Control of the Control	orized by the corporation a Statutes.	oration submits this statement for the purpose in s board of directors. I hereby accept the app	of changing its registered cointment as registered		

SIGNATURE DE	The second age and the of species	DIEOEN (NOTE: Re	O. Mr. Va~	required when reinstabled	DATE	
Signature, typed of printed hands of registered agent and title if applicable. (NOTE: Rec			gistered Agent signature required when reinsiating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE ISUD	OT TOURS AND DIRECTOR	DELETE	1.1 TITLE	RESIDENT	Change Ch	Addition
NAME Richer Lis	MA	_	1.2 NAME			
NAME RICHET, LISSINGER STREET ADDRESS 3134 N. FOX	deral Hishway		1.3 STREET ADDRESS			
CITY-ST-ZIP LISHHOUSE	- POICE IT, this.	1	1.4 CITY-ST-ZIP			
TITLE PTO		DELETE	2.1 TITLE		Change	Addition
NAME SABOTIA	STACT A.	, .	2.2 NAME			
STREET ADDRESS SIGLI N.	Stact A. Edelal Highway		2.3 STREET ADDRESS			
CITY-ST-ZIP LISTA TO 35	2 Point FL 3300d	-1	2. 4 CITY-ST-ZIP			
TITLE -		DELETE- ~	3.1 TITLE	-	Change	* [] Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	•		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition Addition
NAME	-		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		(Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	1		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 ΠTLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	·	•	
CITY ST 719			6.4 CITY-ST-ZIP			

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 suppliemental 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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941-6757



2 South University Drive • Suite 327 Plantation, Florida 33324-3355

BROWARD: 954.472.2144 DADE: 305.655.2378 FACSIMILE: 954.472.9244 WEBSITE: WWW.FCTCPA.COM

PRINCIPALS

ALLEN COHEN, CPA RONALD S. FRIEDMAN, CPA RICHARD F. PINKIERT, CPA ANDREW S. TAUBMAN, CPA P95000096292 596798-90029-15

July 20, 1999

Florida Department of State Annual Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: WFL, Inc. FEI#: 65-0628216

Form: Profit Corporation Annual Report (Form CR2EO34)

To Whom It May Concern:

At the above named taxpayer's request, we are responding to your second notice for the Profit Annual Report. Per review of our records, the first notice was timely filed and remitted with check number 5263 in March 1999 for \$150. The check has not cleared the bank as of the date of this letter.

Enclosed is a copy of the original form filed and a replacement check for \$150. We respectfully request that you abate the \$400 late fee.

If you have any additional questions, please do not hesitate to call me at the above noted numbers.

Sincerely,

Steven J. Tyman

Certified Public Accountant

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