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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003670

WEIDEN	HAMER COHPORATION						 			
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Principal Place	e of Business	Ma	ailing Address							
415 MOUNTAIN DR PO BOX 1786						•				
STE 4 DESTIN FL 32540 DESTIN FL 32541 US					•	DO NOT WRI	TE IN THIS	SPACE		
US US							3. Date Incorporated or Qualifed	12 111 11110		
							01/08/1996			
2. Principal P	lace of Business	2a.	Mailing Address	s .			4. FEI Number		Ар	plied For
21		26					59-3352881		No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, et	tc.			5. Certificate of Status Desired		\$8.75 A	I
22		27				.	0. 0000.0 0. 000		Fee Re	quired
City & Stat	te	\vdash	City & State				6. Election Campaign Financing		\$5.00	, ,
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	<u> </u>	Zip		untry	1	8. This corporation owes the curr	ent year In		□No
24	25	29	4 A	30	т		Personal Property Tax. 10. Name and Address of New I	Pagistarad	Yes	□N0
	9. Name and Address of Curre	nt Kegis	tered Agent		81	Name	IV. Name and Address of New I	vegisterea	Agent	
WEID	DENHAMER, THOMAS E	. •			L	reamo				
	MOUNTAIN DRIVE				82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
STE					83	,	19 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· · · · · · · · · · · · · · · · · · ·	erina <u>erikakan.</u> Kacamatan 1944	- 666 s- 64
	TIN FL 32541			•	"			10		
					84	City		FL	85 Zip 0	Code`
41 Director	to the provisions of Sections 607 050	02 and 6	07 1508 Florida	Statutoe the s	ahove	e-named corne	oration submits this statement for the			registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florid	la. Such change	was authorize	d by	the corporation	n's board of directors. I hereby acce	ot the appo	intment as req	gistered
i anoni la	on tamiliar with and accont the oblide									
1 S	an laminar with, and accept the congr	auono on	Section 607.050	us, Fiorida Stai	iuies.	i.				
SIGNATURE			•			i.	when rainstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS At	ent and title i	if applicable.		d Agen	i. nt signature required	t when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ent and title i	if applicable.	(NOTE: Registered	d Agen	i.			ND DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT P WEIDENHAMER, THOMAS E 415 MOUNTAIN DR STE 4	ent and title i	if applicable.	(NOTE: Registered 13. ETE 1.1 TI 1.2 N 1.3 S	d Agen	nt signature required	ADDITIONS/CHANGES TO OF			
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CITY-ST-ZIP 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90003 026 ***150.00