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PROFIT CORPORATION ANNUAL REPORT

1997



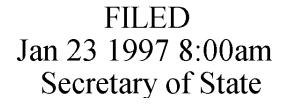
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600007592 (4)

WZC CONSULTING, INC.





| Principal Plac | e of Business | Mailing Address | | | | s contain the letter seall seall settle settle settle settle settle settle telle 1484 fêst | | | | |
|-------------------------------|---|---|------------------------|----------|---|--|--------------------------------|-----------------------------|--------------------------------|--|
| 238 SOUTHAMI VENICE FL 342 | | 238 SOUTHAMPTON DRIVE VENICE FL 34283-4271 | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 01/24/1996 | 3a. Da | ale of Last I | Report | |
| 2. Principal P | lace of Business | 2a. Mailing Address | 5 | | | 4. FEI Number | | T A | pplied For | |
| 21 | | 26 | | | | 65-0638204 | | N N | lot Applicable | |
| Suite, Apt. | | Suite, Apt. #, etc. 27 | в. | | | 5. Certificate of Status Desired | | | Additional lequired | |
| City & Stat | 0 | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | |
| 23 Zip | | | Zip Country | | | | <u> </u> | | | |
| 24 | | | 30 | ¬ ´ | | This corporation has liability for Florida Statutes | | tax under : R ₋No | 8. 199.032, | |
| | 9. Name and Address of Curre | <u>1 </u> | [30] | | | 10. Name and Address of New Re | | | | |
| THE | LAW FIRM OF LAWRENCE J S | | | B1 | Name | | | | | |
| | ALMERIA AVENUE | TOOLE OFFICE | ļ | \dashv | | | | | | |
| | IAL GABLES FL 33134 | | | B2 | Street Add | ress (P.O. Box Number is Not Acceptat | ·le) | | | |
| | | | [8 | 83 | | | | | | |
| | | | Į. | 84 | City | | FL | 85 Zip | Code | |
| office or r | to the provisions of Sections 607.05% egistered agent, or both, in the State on familiar with, and accept the oblig | e of Florida. Such change. | was authorized | hv | the corporat | poration submits this statement for the pation's board of directors. I hereby acception | Urpage of | changing ointment as | its registered s registered | |
| SIGNATURE | | | #1076 P | | . , | | | | | |
| 12. | Signature, typed or printed name of registered ag OFFICERS AN | ND DIRECTORS | 13. | Ager | n signature requi | ired when reinstaling) ADDITIONS/CHANGES TO OFFICE | DATE | DIDECTO | DO IN 10 | |
| TITLE | PTD | DELET | | F | | ADDITIONS/CHANGES TO OFFIC | ENS AND | Change | Addition | |
| NAME | COLEMAN, WILLIAM R | | 1.2 NAN | | | | | C. Citarigo | radiaon | |
| STREET ADDRESS | 238 SOUTHAMPTON DRIVE | | | | ADDRESS | | | | | |
| CITY-ST ZIP | VENICE FL 34293 | | | | | | | | | |
| THILE | VSD | DELET | 1.4 CITY E 2.1 TITL | | - ZIP | | | Change | Addition | |
| NAME | COLEMAN, ZELMA | | 2.2 NAN | | | | | L. Dildings | rodition | |
| STREET ADDRESS | 238 SOUTHAMPTON DRIVE | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | VENICE FL 34293 | | 2. 4 CIT | | | | | | | |
| TITLE | | ☐ DELET | | | 1-21 | | | Change | Addition | |
| NAME | | | 3.2 NAM | | | | | Citaligo | La roduioir | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CiTY-ST-ZIP | | | 3.4. CIT | | | | | | | |
| TITLE | | ☐ DELET | | _ | . 211 | | ···· | Change | Addition | |
| NAME | | _ | 4. 2 NAI | | | | | | | |
| STHEET ADDRESS | | | 1 | | ADDRESS | | | | | |
| CITY - ST - ZIP | | | 4.4 CITY | | | | | | | |
| TITLE | | DELET | | | | | | Change | Addition | |
| NAME | | | 5.2 NAN | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY - ST - ZIP | | | 5.4 CITY | | | | | | | |
| TITLE | | DELET | | | | | | Change | Addition | |
| NAME | | _ | 6.2 NAM | | 1 | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY - ST - ZIP | | | ł | |] | | | | | |
| 14 Ldo borot | are costile that the information of the land | ed . iab abile d d | 6.4 CITY | 1.91 | - ZIF | dis Control 440 07/0\0\0\0\0\0\0\0\0\0\0\0\0\0\0\0\0\0\0 | | | | |

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 12 or Block or or an attachment with an address.

SIGNATURE

Bellow R. Boleman William R. CREMAN 1/13/97 (841)486-40
IGNATURE AND TYPED OR PRANTO NAME OF SIGNING OFFICER OR DIRECTOR