

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

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000009298 (6)

1. Corporation Name:
4WHAT, INC.



Principal Place of Business
838 NEAPOLITAN WAY
SUITE 115
NAPLES FL 33940

Mailing Address
838 NEAPOLITAN WAY
SUITE 115
NAPLES FL 34103-3119

3. Date Incorporated or Qualified
01/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 501 GOODLETT RD #200

Suite, Apt. #, etc.

D22

22 City & State

23 NAPLES

24 Zip

FL

Country

25 34102

2a. Mailing Address

26 PO BOX 413005

Suite, Apt. #, etc.

#115

27 City & State

28 NAPLES

29 Zip

FL

Country

30 34101

4. FEI Number

65-0638732

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

RUSHFORD, CARL
838 WOODSHIRE LANE
UNIT K3
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COSSETTA, JIM	
STREET ADDRESS	838 WOODSHORE LANE UNIT K3	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COSSETTA, JIM	
1.3 STREET ADDRESS	3722 KENT DRIVE	
1.4 CITY-ST-ZIP	NAPLES, FL. 34112	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUSHFORD, CARL	
2.3 STREET ADDRESS	838 WOODSHIRE LN # K3	
2.4 CITY-ST-ZIP	NAPLES, FL. 33942	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ATWOOD, PATRICK	
3.3 STREET ADDRESS	492 QUAIL FOREST BLVD #807	
3.4 CITY-ST-ZIP	NAPLES, FL 33942	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MASTRO, WADE	
4.3 STREET ADDRESS	2172 KING'S LAKE BLVD	
4.4 CITY-ST-ZIP	NAPLES, FL. 34112	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 attachment with an address.

SIGNATURE:

Jim Cossetta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)