

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90004 017 \*\*\*150.00

DOCUMENT # P96000009298

1. Corporation Name  
4WHAT, INC.



Principal Place of Business  
501 GOODLETTE ROAD  
C208  
NAPLES FL 34102  
US

Mailing Address  
PO BOX 413005  
STE 115  
NAPLES FL 34101  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1996

4. FEI Number

65-0638732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSHFORD, CARL  
9858 SANDRINGHAM GATE  
UNIT K3  
NAPLES FL 34109

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE  
NAME COSSETTA, JIM  
STREET ADDRESS 3722 KENT DR  
CITY-ST-ZIP NAPLES FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE  
NAME RUSHFORD, CARL  
STREET ADDRESS 9858 SANDRINGHAM GATE  
CITY-ST-ZIP NAPLES FL 34109

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DS ☐ DELETE  
NAME ATTWOOD, PATRICK  
STREET ADDRESS 492 QUAIL FOREST BLVD, #803  
CITY-ST-ZIP NAPLES FL 34105

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME DS  
3.3 STREET ADDRESS Attwood, Patrick  
3.4 CITY-ST-ZIP 518 96th Ave North  
Naples, FL 34108

TITLE DT ☐ DELETE  
NAME MASTRO, WADE  
STREET ADDRESS 4920 DEERFIELD WAY #101  
CITY-ST-ZIP NAPLES FL 34110

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME DT  
4.3 STREET ADDRESS Mastro, Wade  
4.4 CITY-ST-ZIP 4747 San Carlo Court  
Naples, FL 34109

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date

(941) 434-9428

Daytime Phone #

CR2E034 (11/98)