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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016944 (6)

W.J.P. HOLDINGS, INC.

Principal Place of Business Mailing Address 145 ATLANTIS BLVD., UNIT 307 145 ATLANTIS BLVD., UNIT 307 ATLANTIS FL 33462 ATLANTIS FL 33462 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/23/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 65-0646472 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE ₿2 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stonature, typed or pointed came of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE **PSTD** ☐ Change Addition TITLE 1.1 TITLE NAME PETERSEN, WILLIAM J 1.2 NAMÉ 145 ATLANTIS BLVD., UNIT 307 STREET ADDRESS 1.3 STREET ADDRESS ATLANTIS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition 3.1 TOTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4,1 TITLE Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 or an attachment with an address.