

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

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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000033744 (9)**

1. Corporation Name

WE, INC.

Principal Place of Business

~~274 WILSHIRE BLVD.~~
~~SUITE 202~~
~~CASSELBERRY FL 32707~~

Mailing Address

~~274 WILSHIRE BLVD.~~
~~SUITE 202~~
~~CASSELBERRY FL 32707-6968~~

2. Principal Place of Business

21 **300 WILSHIRE BLVD.**

Suite, Apt. #, etc.

22 **SUITE 205**

City & State

23 **CASSELBERRY, FL**

Zip

24 **32707**

Country

25 **USA**

2a. Mailing Address

26 **300 WILSHIRE BLVD.**

Suite, Apt. #, etc.

27 **SUITE 205**

City & State

28 **CASSELBERRY, FL**

Zip

29 **32707**

Country

30 **USA**

9. Name and Address of Current Registered Agent

~~WALLIS, CHARLES P~~
~~274 WILSHIRE BLVD.~~
~~SUITE 202~~
~~CASSELBERRY FL 32707~~

3. Date Incorporated or Qualified

04/15/1996

3a. Date of Last Report

4. FEI Number

59-3374021

Applied For

Not Applicable

6. 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

10. Name and Address of New Registered Agent

81 Name **OSWALD, KENNETH F.**

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

600 COURTLAND STREET

83 **SUITE 110**

84 City **ORLANDO**

FL

85 Zip Code **32804**

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)

KENNETH F. OSWALD

4/8/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD WALLIS, CHARLES P**
STREET ADDRESS **900 S. LAKE STERLING CT.**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ DELETE

NAME **VD EARLEY, HUBERT R**
STREET ADDRESS **201 S. ORANGE AVE., STE. 890**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE

NAME **STD EARLEY, THORPE J**
STREET ADDRESS **201 S. ORANGE AVE., STE. 890**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

CHARLES P. WALLIS

4/8/97

407-831-3799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0062903

CR2E034 (9/96)