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Jan 24 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 # P96000035097 (0)

1. Corporation Name
WEE CONCEPTS, INC.



Principal Place of Business
18167 U S 19 N. SUITE 150
CLEARWATER FL 34624

Mailing Address
18167 U S 19 N. SUITE 150
CLEARWATER FL 34624-6566

3. Date Incorporated or Qualified
04/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 13131 56th COURT

Suite, Apt. #, etc.

22 SUITE 303

City & State

23 CLEARWATER, FL

Zip

24 34620

Country

25 USA

2a. Mailing Address

26 13131 56th COURT

Suite, Apt. #, etc.

27 SUITE 303

City & State

28 CLEARWATER, FL

Zip

29 34620

Country

30 USA

4. FEI Number

59-3374579

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

PATEL, SANDIP I
18167 U S 19 N, SUITE 481
CLEARWATER FL 34624

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 ☐ DELETE
NAME PATEL, SANDIP I
STREET ADDRESS 18167 U S 19 N, SUITE 150
CITY-ST-ZIP CLEARWATER FL 34624

TITLE D ☐ DELETE
NAME COLE, BRADLEY A
STREET ADDRESS 13372 92ND AVE N
CITY-ST-ZIP SEMINOLE FL 34646

TITLE D ☐ DELETE
NAME JONAP, STUART
STREET ADDRESS 1381 GREAT OAK DRIVE
CITY-ST-ZIP CLEARWATER FL 34624

TITLE D ☐ DELETE
NAME SARDELLI, JOSEPH D JR
STREET ADDRESS 5898 108TH TERR N
CITY-ST-ZIP PINELLAS PARK FL 34666

TITLE D ☐ DELETE
NAME WALKER, DAVID B
STREET ADDRESS 20019 GULF BLVD, UNIT #10
CITY-ST-ZIP INDIAN SHORES FL 34835

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:

Joseph D Sardeelli Jr

JOSEPH D SARDELLI JR

1/11/97

1-800-454-1932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)