

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055614 (7)

1. Corporation Name
W.M.P. DEVELOPMENT, INC.



Principal Place of Business 5606 PGA BLVD. STE. 211 PALM BEACH GARDENS FL 33418	Mailing Address 5606 PGA BLVD. STE. 211 PALM BEACH GARDENS FL 33418
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	4262 Northlake Blvd.	06/27/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		Box # 131		65-0759742	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Palm Beach Gardens FL		Palm Beach Gardens FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	33410		USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MATHISON, STEPHEN S 5606 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAUME, HAROLD L.	1.2 NAME	REAUME, HAROLD L.
STREET ADDRESS	4670 E.C. ROW AVE.	1.3 STREET ADDRESS	4670 North Service Road East
CITY-ST-ZIP	WINDSOR, ONTARIO, CANADA N9A6S-3	1.4 CITY-ST-ZIP	Windsor, Ontario, Canada N9A 6J3
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAUME, JACQUELINE	2.2 NAME	REAUME, JACQUELINE
STREET ADDRESS	4670 E.C. ROW AVE.	2.3 STREET ADDRESS	4670 North Service Road East
CITY-ST-ZIP	WINDSOR, ONTARIO, CANADA N9A6S-3	2.4 CITY-ST-ZIP	Windsor, Ontario, Canada N9A 6J3
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 officer 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 any subsequent filing with an address.

SIGNATURE: **X**  **April 20/98 (519) 945-6371**

CR2E034 (10/97)