Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90155 017 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



ORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000059570

1. Corporation Name

Principal Place of Business (USP PLYMOUTH FL 32788 DO NOT WRITE IN THIS SPACE 3. Date Increporated or Qualifed O7/15/1998 2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-3392637 Not Applied For Not Applied For Not Applied For Suite, Apl. #, etc. 27 City & State 7-12 Fund Contribution Fee Required Fee Geograph Fee Required Fee Required Fee Required Fee Required Fee Geograph Fee Required F	WELKER	BROTHERS MARKETING,	INC.			
PLYMOUTH FL 32768 US Control Co	Principal Place	e of Business	Mailing Address		T (\$\$)(\$\$) IN 10113 BILL BOLL BOLL BOLL BOLL	81 B5110 40101 B3113 10031 0011 4003
US 3. Date incorporated or Qualifed 07/15/1996 2. Principal Place of Business 2. Additional Place of Business 2. Applied For Not Applicable of Place of Business 2. Expression of Secretary State	PLYMOUTH FL 32768 PLYMOUTH FL 32768					
3. Date incorporated or Qualified 07/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3392637 Not Applied For Not Applied For 59-3392637 Not Applied For 759-3392637 Not Applied For 7					DO NOT WRITE IN TH	IS SPACE
2. Principal Place of Business 2. Ambiling Address 2. Ambiling Address 2. Ambiling Address 2. Suite, Apt. #, etc. 3. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee R			30	•	· ·	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Suite, Apt. #, etc. Status Suite, Apt. #, etc. Status S	2. Principal P	lace of Business	2a. Mailing Address			Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.	21		26		59-3392637	Not Applicable
City & State		#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	
28	22				J. Definition of Challes Besides	
Step	City & State	e	├ '			
9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 81 Name KATZ, LAWRENCE H 341 N. MAITLAND AVENUE #120 MAITLAND FL 32751 82 Street Address (P.O. Box Number is Not Acceptable) 83		Country		Country	8. This corporation owes the current year	
Street Address of Name and Address of New Registered Agent KATZ, LAWRENCE H 341 N. MAITLAND AVENUE #120 MAITLAND FL 32751 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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, and the first applicable. 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 P DELETE 11 TITLE P DELETE 11 TITLE TREASURER WELKER, JEFFREY M. 1129 Orange Blvd LAKE MARY FL 14 CITY-ST-ZIP LAKE MARY FL 14 CITY-ST-ZIP LAKE MARY FL VP DELETE 21 TITLE SECRETARY WELKER, RICHARD P. JR. 32 STREET ADDRESS TREET ADDRESS TRE	24	25	29	30	Personal Property Tax.	Ves □No
KATZ, LAWRENCE H 341 N. MAITLAND AVENUE #120 MAITLAND FL 32751 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 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. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE P		9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P	agent. I a	m tamiliar with, and accept the obliga	ations of, Section 607,0303, Flor	ida Statutes.		or changing its registered pointment as registered
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TITLE VP DELETE 21 TITLE SECRETARY Addition NAME WELKER, RICHARD P. JR. STREET ADDRESS 1282 DEER LAKE CIR 23 STREET ADDRESS 1282 Deer Lake Cir 24 CITY-ST-ZIP APOPKA FI	STREET ADDRESS	1129 ORANGE BLVD		1.3 STREET ADDRESS	1129 Orange Blvd	•
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CITY ST. ZIP APOPKA FI	NAME	welker, richard P. Jr.		2.2 NAME	WELKER, RICHARD P. J	R.
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	CITY-ST-ZIP	APOPKA FL			Apopka, FL	Characa CR Addition
TITLE DELETE 3.1 TITLE PRESIDENT	TITLE		☐ DELETE			Change MAddition
NAME WELKER, DEBORAH D.	NAME				WELKER, DEBORAH D.	
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NAME WELKER, LINDA W.				■ §		
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Chapter Addition	L CITY ST 7ID					
TITLE 5.1 TITLE 5.2 NAME 5.2 NAME			☐ DELETE		Даме 11, ГП	☐ Change ☐ Addition

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition