


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

03469X

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90089 046 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000062406**

1. Corporation Name

**WBL COMMUNICATIONS, INC.**



Principal Place of Business

**1810 LAKE DRIVE  
DELRAY BEACH FL 33444**

Mailing Address

**1810 LAKE DRIVE  
DELRAY BEACH FL 33444**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/24/1996**

2. Principal Place of Business

**21 7335 Marsh Terr**

Suite, Apt. #, etc.

**22 Port St Lucie, FL**

**23 34986 USA**

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4. FEI Number

**65-0683154**

Applied For

**Not Applicable**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**FUCHS, SHIRLEY  
1810 LAKE DRIVE  
DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent

81 Name

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

**7335 Marsh Terrace**

83

84 City

**Port St Lucie FL**

85

Zip Code

**34986**

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 **FUCHS, GARY**  
STREET ADDRESS **568 BRECKENRIDGE VILLAGE 10**  
CITY-ST-ZIP **ALTAMONTE SPGS FL**

TITLE **D** ☐ DELETE

NAME **FUCHS, CURTIS**  
STREET ADDRESS **1810 LAKE DRIVE**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **D** ☐ DELETE

NAME **FUCHS, SHIRLEY**  
STREET ADDRESS **1810 LAKE DR**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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 **30715 WILLIAMS ST**  
1.4 CITY-ST-ZIP **LEESBURG, FL 34748**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **7335 Marsh Terrace**  
2.4 CITY-ST-ZIP **Port St Lucie FL 34986**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS **7335 Marsh Terrace**  
3.4 CITY-ST-ZIP **Port St Lucie FL 34986**

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 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.

SIGNATURE:

**Shirley Fuchs**

**3/16/99**

**561-467-1967**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)