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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P96000072557 (7)

WFJ, INC.

Principal Place of Business

Mailing Address

## FILED Apr 30 1997 8:00am Secretary of State



1216 COUNTY DUNEDIN FL 34				1216 COUNTY ROAD 1 DUNEDIN FL 34698-4610											
									}	3. Date Incorp 08/30/19	orated or Qualified	3a. Da	_	ast Re	eport
2. Principal Place of Business				2a. Mailing Address						4. FEI Numbe		·		Apr	olied For
21			26							59-340	5928			Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate of	of Status Desired			. <b>75</b> A	dditional quired	
City & State 23			City & State							mpaign Financing Contribution		May Be Fees			
Zip <b>24</b>	25	Country	29	<u> </u>			Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
9. Name and Address of Current										10. Name and Address of New Registered Agent					
SELT	TZER, PURIFICA	ACION H					81	Name	Dus	ificacio	n ∐ Col+z	۸۷			
3314 HAVILAND COURT #104				-			82	Purificacion H. Seltzer  Street Address (P.O. Box Number is Not Acceptable)							
PALI	M HARBOR FL	34684						12	16 C	OUNTY RO	AD 1	<b>L</b> OIC)			
							83								
							84	City	<u> </u>			<del></del>	loe l	Zin C	'odo
							04	City	DUN	EDIN		FL	85	Zip C 346	98
11. Pursuant t	to the provisions	of Sections 607.0502	and (	007.1508, Flor	ida Statut	es, the a	bove	-named	corpor	ation submits th	is statement for the	purpose o	f chang	oina its	registered
office or re	registered agent, i om familier with lar	or both, in the State on accept the obligat	inos c	ida. Such cha of Section 60:	inge was a 7.0505 . Eta	authorize acida Sta	ed by tutes	the corp	poration	n's board of dire	ctors. I hereby acc	ept the app	ointme	ent as r	egistered
_	_	rificacion				wip.				. Settr					
SIGNATURE		ted name of registered agent			(NOT					when reinstating)	-	DATE			
12.		OFFICERS AND	DIRE	C1ORS		13.				ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRE	CTORS	
TITLE	ST			(	DELETE	1.1.1	ITLE		DIR	ECTOR			☐ Ch	ange	Addition
NAME		RIFICACION H				1.2 N	AME		DOR	OTHY M.	SELTZER				
STREET ADDRESS	1216 COUNT					1.3 9	TREET	ADDRESS		2 MONTEG					
CITY-ST-ZIP	DUNEDIN FL	34698				1.4 0	IIY-S	T-ZIP	LAS	VEGAS.	NV 89121				
		•		] []	DELETE	2.1 1	ITLE						tr	апуе —	
NAME	,					2.2 N	AME								
STREET ADDRESS						2.3 9	TREET	ADDRESS							
CITY-ST-ZIP						2 4 (	CITY - S	T- 71P							
TITLE					DELETE	3.17	NE						Ch	ange	Addition
NAME						321	AME								
STREET ADDRESS						3.3 9	TREFT	ADDRESS							
CITY-ST-ZIP						3.4 1	CHY-S	T-ZIP							
TITLE		•			DELETE	4.11	ITLE				<u>.</u>	,	☐ Ch	ange	Addition
NAME						4.2	MAME	'							
STREET ADDRESS						435	THEFT	ADDRESS							
CITY-ST-ZIP						440	ITY-S	F-ZIP							
TITLE					DELETE	51 I	ITLE						☐ Ch	ange	Addition
NAME						5.2 N	AME								
STREET ADDRESS						5.3 S	18EE F	ADDRESS							
CITY-ST-ZIP					<b></b>	5.4 (	ITY-S	1 - 710	<u> </u>						
TITLE					DELETE	6.1 T	Hιŧ						☐ Cr	lange	Addition
NAME						6.21	ΙΑΜέ								
STREET ADDRESS						6.3 9	TREE1	ADDRESS							
CITY-ST-ZIP						6.4 (	ITY - S	T- ZIP							

14. Ido 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 op an attachment with an address.

CIGNATURE.

if voacion. HI Seltze

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(813) 736-0708