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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000081358 (9) DOCUMENT #

WY SUBS, INC.

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The state of the s

FILED Mar 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								1 11965 1	iliai ditat 1291 tadi	
	of se port st lucie blyd Joie fl 34983	1219 S.W. CURTIS STREET PORT ST. LUCIE FL 34983					DO NOT WRITE IN THIS S	PACE	:	
00							3. Date Incorporated or Qualified), UAF	· · · · · · · · · · · · · · · · · · ·	
							09/30/1996			
Principal P	Place of Business	2a. Ma 26	ailing Address				4. FEI Number 65-0704797	F	Applied For Not Applicable	
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	ie		ty & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Zip	Country 25	Zip 29	·	Cou 30	untry		This corporation owes or has paid the cur Personal Property Tax due June 30.	rent ye Yes		
	p, Name and Address of Curre	ent Registere	d Agent				10. Name and Address of New Registered	gent		
	PROMANN, DENNIS H				B1	Name				
	19 S.W. CURTIS STREET ORT ST. LUCIE FL 34983				82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
				1	83					
					84	City	FL	85	Zip Code	
Pursuant office or r agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Stal am familiar with, and accept the obti	i02 and 607.1 te of Florida S igations of, Se	508, Florida Statute Such change was a action 607.0505, Flo	es, the at authorized orida Stat	d by tutes	i-named corporati the corporati	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appropriate the submits of	chang	ging its registered int as registered	
SIGNATURE	Stonature, typed or printed name of registered a			F. Dagislara	- Ann		red when reinstating) DATE		<u> </u>	
2. OFFICERS AND DIRECTORS 13.					,i Nga	it signature regunt	ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTORS IN 12	
TILE	D DELETE			1.1 70	TLE		Change			
IAME BORGMANN, DENNIS H				1.2 NAME					_	

SIGNATURE							
	Signature, typed or printed name of registered agent and title if		Registered Agent signature rec		DATE		
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGE	ES TO OFFICERS AND		
TITLE	U	☐ DELETE	1.1 TITLE			Change	☐ AddItion
NAME	BORGMANN, DENNIS H		1.2 NAME				
STREET ADDRESS	1219 S.W. CURTIS ST		1.3 STREET ADDRESS				
C/TY-ST-ZIP	PORT ST. LUCIE FL 34983		1.4 CITY - ST - ZIP				
TITLE	D	DELETE	2.1 TITLE			Change	☐ Addition
KAME	DAVIS, DIANNA R		2.2 NAME				
STREET ADDRESS	1219 S.W. CURTIS ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		2. 4 CITY-ST-ZIP				
TITLE	0	☐ DELETE	3.1 TITLE		• .	☐ Change	☐ Addition
NAME	BORGMANN, DANIE R		3.2 NAME				
STREET ADDRESS	1219 S.W. CURTIS ST		3.3 STREET ADDRESS				ļ
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		3.4. CITY-ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition
NAME	BORGMANN, MICHELLE K		4. 2 NAME				
STREET ADDRESS	1781 PELICAN AVE.		4.3 STREET ADDRESS				
CITY-ST-ZIP	VENTURA CA 93003		4 4 CITY-ST-ZIP				
TITLE	-	☐ DELETE	51 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				1
CITY-ST-ZIP		_	5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				ł
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-7IP			6.4 CiTY-ST-ZIP				- 1

14. Thereby 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

Dianna R Dovis

561 818-7386