

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

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90026 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000084963

1. Corporation Name
WIFL DEVELOPMENT, INC.



Principal Place of Business
 7906 HOPI PLACE
 TAMPA FL 33634
 US

Mailing Address
 7906 HOPI PLACE
 TAMPA FL 33634
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **10568 RIO HERMOSO**
 Suite, Apt. #, etc.
 22
 City & State
 23 **DELRAY BEACH, FL**
 Zip Country
 24 **33446** 25 **USA**

2a. Mailing Address
 26 **10568 RIO HERMOSO**
 Suite, Apt. #, etc.
 27
 City & State
 28 **DELRAY BEACH, FL**
 Zip Country
 29 **33446** 30 **USA**

3. Date Incorporated or Qualified
10/07/1996

4. FEI Number
59-3413272
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$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
JOY, JOHH P
TWO SOUTH BISCAYNE BOULEVARD
25TH FLOOR
MIAMI FL

10. Name and Address of New Registered Agent
 81 Name **RAY PARIS**
 82 Street Address (P.O. Box Number is Not Acceptable)
10568 RIO HERMOSO
 83
 84 City **DELRAY BEACH** FL 85 Zip Code **33446**

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 **RAY PARIS** VICE PRESIDENT 4/5/99
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARIS, RAY	
STREET ADDRESS	10568 RIO HERMOSO	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SUMON, HAMID	
STREET ADDRESS	5019 WESLEY DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SAMI, ALLEN	
STREET ADDRESS	2658 NW 64TH BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUMON, HAMID
2.3 STREET ADDRESS	5698 VINTAGE OAKS CIRCLE
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **RAY PARIS (VD)** 4/5/99 (561)449-5809
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E024 (1/99)