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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

P96000085510 (1)

WHOK, INC.

## **FILED** Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					a samiskar ind omish miste basit dafin aktit	BANKI HAMAN ANDE BI	IBI 1908 BBH 1901
615 TORTOISE WAY 615 TORTOISE WAY							
SATELLITE BEACH FL 32937 SATELLITE BEACH FL 329					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					10/14/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		59-3418417	Not Applicable		
Suite, Apt.	W, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
27					S. Certificate of Status Desired	Fe	e Required
City & Stat	е	City & State	<b>├</b> ─ '		6. Election Campaign Financing \$5.00 May Be		
23			28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	ry	·	corporation owes or has paid the current year Intangible	
24	25 25 Name and Address of Curre	29 ant Registered Agent	30		Personal Property Tax due June 30. Yes No.		
10.0		our riogistorou Agont		1 Name	10. Hame and Address of New Heye	teled Agent	
	HITNEY, DON 5 TORTOISE WAY						
	S TURTUISE WAT NTELLITE BEACH FL 32837		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
o-	NELLIE BEACH PL 3283/		ā	3	<del>- • ,</del>		
			L				
			8	4 City		Fi  85	Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Sta	atutes, the abo	ve-named cor	poration submits this statement for the pure		na its reaistered
office or r	egistered agent, or both, in the Staten	te of Florida, Such change w	as authorized	by the corpora	poration submits this statement for the purp ation's board of directors. I hereby accept t	he appointmen	t as registered
	arriarmia with arks accept the con	gations of, Section 607.0000	, i lorida otatol	<b>03</b> .			
SIGNATURE	Signations, typed or printed nume of registered a	gent and title if applicable (	NOTE Registered A	geni signature requ	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	D	☐ DELETE	1.1 Title			Char	nge 🔲 Addition
NAME	WHITNEY, DON		1.2 NAM	E			
STREET ADDRESS	615 TORTOISE WAY	_	1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 3293		1.4 CITY			— <u> </u>	
TITLE	D	DELETE	2.1 TITLE			Char	nge Addition
NAME	HAMMOND, TERRY		2.2 NAM				
STREET ADDRESS		TELLET BELOW EL ASSAU		ET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 3293			-ST-ZIP		· 🗀 ^	["T Addor
TITLE	D MADTINI	☐ DETER	3.1 TITLE			Char	nge 🛄 Addition
NAME	KATER, MARTIN L		3.2 NAM				
STREET ADDRESS	467 KIMBERLY DRIVE MELBOURNE FL 32940			ET ADDRESS			
CITY-ST-ZIP TITLE	D MELDOURNE PL 32940	DELETE	3.4. CITY			☐ Chan	ige Addition
	OBRIEN, DAVID	L OLLER	4.1 TITLE				inte i Marainosi
NAME CTREET ADDRESS	4095 TURTLEMOUND RD		4.2 NAV				
STREET ADDRESS	MELBOURNE FL			ET ADDRESS			
CITY-ST-ZIP TITLE	MCLDOURNE FL	DELETE	4.4 CITY 5.1 TITLE			☐ Char	ige Addition
		ון שנונונ					ine T Woolling
NAME			5 2 NAM				
STREET ADDRESS				ET ADDRESS			
CFTY-ST-ZIP TITLE		DELETE	5 4 CITY			☐ Char	ine Addition
		L VELETE	61 TITLE	j		L., CIRI	ife Theoreton
NAME CZOCET ADDOCCO			62 NAM				i
STREET ADDRESS				ET ADDRESS			1
CfTY-ST-ZIP	!		64 CITY	ST-7IP I			

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.

SIGNATURE:

WW. TWA.

Y/21/58

(407) 773 / Y80