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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000090228 (3)

WLS, INC.

SIGNATURE:

FILED Apr 24 1997 8:00am Secretary of State



| | e of Business | Mailing Address | \ | | i renistati sin rasın bilis kâşin dösin avsil | | | |
|--|--|--|--|----------------------|---|--|---------------------|----------------------------|
| O/O GREGG S. TRUXTON. ESO. 2121 PONCE DE LEON BLVD SUITE 1025 4121 PONCE DE LEON BLVD SUITE 1025 CORAL GABLES FL 58164 CORAL GABLES FL 58164 | | | | ļ | | | | |
| OOMAL GABLE | o re sous | COTORE CHOCKED TE BOTTO | -FORIU- | | 3, Date Incorporated or Qualified 11/04/1996 | Sa. Date of I | ast Repo | ort |
| | ace of Business | 2a. Mailing Address | | | 4. FEI Number | <u>' </u> | Applie | ed For |
| 9500 | South Dadeland Blvd | . 26 9500 South | Dadeland I | 31vd. | 65-0717162 | | Not A | pplicabl |
| Suite, Apt | #, etc | Suite, Apt. #, etc. 702 | | | 5. Certificate of Status Desired | | .75 Add ee Requi | |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | \$ | 5.00 Ma | y Be |
| ·1 | , Florida | 28 Miami, Flor | | | Trust Fund Contribution | | dded to F | |
| Zip 33156 | Country 25 Dade | Zip 29] 33156 | Country 30 Dade | | This corporation has liability for i Florida Statutes | ntangible tax ur Yes [] No | nder s. 19 | 99.032, |
| 1 33130 | 9. Name and Address of Curren | | ISU DAGE | | 10. Name and Address of New Re | | | |
| TRU | XTON, GREGG S ESQ. | | | ame | | | | |
| | ANOS, TRUXTON & YOUNGS, P | ·.A. | 82 Si | Jeremy | S. Larkin is (P.O. Box Number is Not Acceptab | I-X | | |
| | PONCE DE LEON BLVD., SUITI | | | | is (P.O. Box Number is Not Acceptable Dadeland Blvd. Su | | | |
| | VAL GABLES FL 33134 | | 83 | 2.JVV | DOWSTOIL HIVE , BU | 1LG/ UZ | | |
| | | n | | | | | | |
| | 1 0/ | | | ily Miami | | FL 85 | Zip Cod | |
| 11. Pursuant | to the provisions of Sections 60,000 | 2 and 607.1508, Florida Statu | ites, the above-na | med corpor | ation submits this statement for the p | | ging its re | enetaige |
| office or r | to the provisions of Sections of 000 egistered agent, or both, in the Sate in familiar with, and accept to biliga | of Florida, Such change was | authorized by the | corporation | n's board of directors. I hereby accep | at the appointment | ent as reg | gistered |
| | m lamilar with, and adjust to holiga | tions of, section 607,0303, i | ionua statutes. | | | UKKKA | | |
| SIGNATURE | Signature, typed or printed named Agistered age | nt and lifte if applicable (NC | OTE: Registered Agent sig | anature required | when reinstating) | DATE | | |
| 2. | | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRE | CTORS II | N 12 |
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| | | | | | | | | |
| IAME | | | 1.2 NAME | | | | | |
| | Larkin, Jeremy | 1 77 1 6 1 . 7 | 1.2 NAME | ness | | | | |
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