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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000090887

RICK WILBER, INC. OF COOPER CITY

Principal	Place	of	Business		

5400 S UNVERSITY DRIVE STE 204

5400 S UNVERSITY DRIVE STE 204

Mailing Address

# FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90139 034 \*\*\*150.00



DAVIE FL 33388		UAVIE FL 33388		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed				
					11/01/1996				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Арі	plied For		
21		26			65-0 <u>7062</u> 01	No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A			
22		27			3. Contradic of Otalias Desired	Fee Re	quired		
City & State	е	City & State			6. Election Campaign Financing	\$5.00			
23		28			Trust Fund Contribution	Added to	o Fees		
Zip	Country	Zip	Country	y	8. This corporation owes the current year Into				
24	25		10		Personal Property Tax.		□No		
	9. Name and Address of Curren	t Registered Agent	0.4	Name	10. Name and Address of New Registered	Agent			
\A/II E	DED DICK		81	Name					
WILBER, RICK 5400 S UNVERSITY DRIVE STE 204			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	E FL 33388								
UAVI	E FL 33300		83	•					
			84	City		85 Zip C	ode		
					<u> </u>	<u>.,</u>			
office or r	to the provisions of Sections 607.0503 egistered agent, or both, in the State orn familiar with, and accept the obligat	of Florida. Such change was aut	honzed by	/ the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	changing its ntment as req	registered gistered		
SIGNATURE									
	Signature, typed or printed name of registered agen		·	nt signature requi	uired when reinstating) DATE				
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12  Addition		
TITLE	DPST	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition		
NAME	WILBER, RICK		1.2 NAME						
STREET ADDRESS	5400 S UNIVERSITY DR STE 20	04	1.3 STREE	TADDRESS					
CITY-ST-ZIP	DAVIE FL		1.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition		
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	TADORESS					
CITY-ST-ZIP			2, 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE	ļ		☐ Change	☐ Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition		
NAME			4. 2 NAME						
STREET ADDRESS			43 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME	1					
STREET ADDRESS			5.3 STREE	ETADORESS					
CITY-ST-ZIP			5.4 CITY-1	ST- ZIP	,				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition		
NAME			6.2 NAME	1					
STREET ADDRESS			6.3 STREE	TADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

954-434-6203