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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY - ST - ZIP

P96000098042 (0)

WRC MARKETING, INC.

FILED May 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 4705 NORTH WEST 21ST COURT 4705 NORTH WEST 21ST COURT **COCONUT CREEK FL 33063** COCONUT CREEK FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0716593 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible □Ño Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CRUZ, WILLIAM 4705 NW 21 COURT 82 Street Address (P.O. Box Number is Not Acceptable) **COCONUT CREEK FL 33063** 83 84 City Zip Code 11. Pursuant to the provisions of Socious 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 Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. □ DELETE Change Addition TITLE 1.1 THILE CRUZ, WILLIAM 1.2 NAME NAME 4705 NORTH WEST 21ST COURT STREET ADORESS 1.3 STREET ADDRESS **COCONUT CREEK FL 33063** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby certify that the information supplied with this filing does not quality 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 sufficient 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 trustoe improved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cythiged, or or an extension or the receiver of the corporation of the co

6.4 CITY - ST - ZIP

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