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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMEN 1. Corporation Name WHS INVEST	NT # <b>P970</b> TMENTS, INC.	00025567 (3	)		
Principal Place of Business Mailing Address					
2963 GULF TO BAY SUITE 330 CLEARWATER FL-946		2963 GULF TO BAY B SUITE 330 CLEARWATER FL \$461		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified 03/21/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
SAME		26 SAME		59 - 343 3442 Not Applicable	
Suite, Apt W, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24 33759	25	29 33759	30	Personal Property Tax due June 30. Yes No	
<u> </u>	lame and Address of Cu	irrent Registered Agent	B1 Nam-	10. Name and Address of New Registered Agent	
CLEARWATER FL 34618 33756 84 City				WILLIAM H. SIMON JR  11 Address (P.O. Box Number is Not Acceptable)  2963 GULP TO BAY BLVD STE 380  EARWATER FL 85 Zip. 33759	
SIGNATURE Signature	typed out and range registore		OTF: Registered Agent signatu	d corporation submits this statement for the purpose of changing itc registered proporation's board of directors. I hereby accept the appointment as registered use required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	Orricens	DELETE	13. 1.1 TITLE	Tables Tables	
NAME			1.2 NAME	PRESIDENT	
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-7IP		DELETE	1.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 33759	
TITLE		L Druete	2.1 TITLE	T Cusulto T Withfullou	
NAME			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	Change Addition	
NAME		oran	3.2 NAME	Unungo E Noonion	
' '-			3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	Change Addition	
TITLE			4.1 IIILE 4.2 NAME	C. CHange C. Addition	
NAME CTOSET ADDOLES				, }	
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		- DETERIE	5.1 TITLE	Li change Li Addition	
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS	5	

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.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

DELETÉ

3/6/98 (813)791-7879

Change

Addition

**FILED** 

Apr 16 1998 8:00am

Secretary of State