


FILED

Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000036151 (3)

1. Corporation Name **WEALTH PRESERVATION STRATEGIES, II, INC.**

Principal Place of Business 13575-58TH STREET NORTH SUITE 100 CLEARWATER FL 34620	Mailing Address 13575-58TH STREET NORTH SUITE 100 CLEARWATER FL 34620
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

g. Name and Address of Current Registered Agent	
CUTLER, BERTRAM E 13575-58TH STREET NORTH SUITE 100 CLEARWATER FL 34620	81 Name 82 Street Address 83 84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13.	
TITLE	President Yurman, Herman W.	<input type="checkbox"/>	DELETE
NAME	13575 58th St. North, #100	1.1 TITLE	
STREET ADDRESS	Clearwater, FL 34620	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE	Secretary Cutler, Bertram E.	<input type="checkbox"/>	DELETE
NAME	13575 58th St. North, #100	2.1 TITLE	
STREET ADDRESS	Clearwater, FL 34620	2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
TITLE		<input type="checkbox"/>	DELETE
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE		<input type="checkbox"/>	DELETE
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		<input type="checkbox"/>	DELETE
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		<input type="checkbox"/>	DELETE
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505, Florida Statutes, and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1997	
4. FEI Number 59-3448355	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
FL	85	Zip Code

ation submits this statement for the purpose of changing its registered
n's board of directors. I hereby accept the appointment as registered

When re-insulating)	DATE
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

ection 119.07(3)(i), Florida Statutes. I further certify that the information
shall have the same legal effect as if made under oath; that I am an
ed by Chapter 607, Florida Statutes; and that my name appears in

CR2E034 (10/97)