## 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 # P9700036151

1. Corporation Name

WEALTH PRESERVATION STRATEGIES, II, INC.

## Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90021 001 \*\*\*150.00



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Principal Pla	ce of Business	Mailing Address				. I CRONSCON SUB IDNA SUDSI DOSA DOSA	ił Balti obig	(E ILINE MISEL MEG	I OHOU HOU
13575-58TH STREET NORTH						DO NOT WENT	E IN THI	¢ ¢DACE	
CLEARWATER FL 34620 CLEARWATER FL 34620						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
						04/23/1997			
2. Principal	Place of Business	2a. Mailing Address				4, FEI Number		- A	pplied For
21 26						59-3448355	-	<u> </u>	ot Applicable
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27						5. Certifcate of Status Desired		•	Additional equired
City & Sta	ate	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 3	Countr	у		This corporation owes the curre     Personal Property Tax.	nt year Ir	ntangible Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	agistered	I Agent	
CIT	TIED REDTOAM C		81	1	Name				
CUTLER, BERTRAM E 13575-58TH STREET NORTH				2	Street Addres	ss (P.O. Box Number is Not Acceptat	ole)		
SUITE 100				3				<del></del>	
CLE	EARWATER FL 34620		<u></u>	l					
]	•		84	•	City		F۱	85 Zip	Code
office or		e of Florida. Such change was auti gations of, Section 607.0505, Florid	horized by la Statute:	y th s.	ne corporation	's board of directors. I hereby accept	the appo		
40	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: RI ND DIRECTORS		ent s	signature required v	<del></del>	DATE	ND DIDEOTA	200 (1) 40
12.	P	DELETE	13.			ADDITIONS/CHANGES TO OFF	ICERS A	Change	Addition
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CITY-ST-ZIP	CLEARWATER FL 34620	•	1.4 CITY-5		ĺ				
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CITY-ST-ZIP	<del> </del>	<del></del>	5.4 CITY-S	ST-Z	ZIP	<del> </del>			
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME						ĺ
STREET ADDRESS	<b>à</b> }		6.3 STREE	ZA T	DDRESS (				•
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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 or an appears with an address, with all other like empowered. chment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR