

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90004 020 ***150.00

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DOCUMENT # P97000037659

1. Corporation Name
WIAMEA GOLD, INC.

Principal Place of Business
3460 FAIRLANE FARMS ROAD
SUITE 7
WEST PALM BEACH FL 33414

Mailing Address
3460 FAIRLANE FARMS ROAD
SUITE 7
WEST PALM BEACH FL 33414



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/25/1997

4. FEI Number
65-0747423

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 720 North Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 720 North Drive
Suite, Apt. #, etc.

City & State
23 Melbourne FL
Zip Country

City & State
28 Melbourne, FL
Zip Country

24 32934-9281 25

29 32934-9281 30

9. Name and Address of Current Registered Agent

MC CRACKEN, JOHN B
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401-3475

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME DPT
STREET ADDRESS MURFEY, SPENCER L III
CITY-ST-ZIP 3460 FAIRLANE FARMS ROAD, SUITE 7-
WEST PALM BEACH FL 33414

☐ DELETE

TITLE
NAME VS
STREET ADDRESS BURCIAGA, JOSEPH
CITY-ST-ZIP 3609 WASHINGTON ROAD
WEST PALM BEACH FL 33405

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME 720 North Drive
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Melbourne, FL 32934-9281

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: x
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 5/1/99

x 407-242-1900

CR2E034 (11/98)