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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000042453**1. Corporation Name

A-1 THAI VILLAS WPB, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90189 028 ***158.75



Principal Place of Business		Mailing Address						BEIL BOILL BOILL		
2054 S. MILITARY TRAIL WEST PALM BEACH FL 33415		2054 S. MILITARY TRAIL					;			
		WEST PALM BEACH FL 33415				DO NOT WRITE IN THIS SPACE				
						D. Data Incom	orated or Qualifed		SPACE	
						05/09/19				
2. Principal Place of Business		2a. Mailing Address				4. FEI Number			√ A	pplied For
-	26	- ·				APPLIED			<u> </u>	ot Applicable
Suite, Apt. #, etc.	20	Suite, Apt. #, etc.								Additional
22		27			5. Certifcate of	f Status Desired			tequired	
City & State		City & State			6. Election Ca	mpaign Financing		\$5.00	May Be	
23	21	8				Trust Fund	Contribution			to Fees
1	intry	Zip	Cou	intry		8. This corpora	ation owes the cur	rent year In	tangible	
24 25	29	9	30			Personal Pr	<u> </u>		☐ Yes	ØNo
9. Name and Ad	dress of Current Reg	gistered Agent				10. Name and	Address of New	Registered	Agent	
LACCUNAAN CUDCUA	ι .			81	Name		•			
LAOSUWAN, SURCHAI 2054 S. MILITARY TRAIL		•		82	Street Add	Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH F		* ; `		-		<u></u>				
WEST FALM DEACH I	L 30413			83			•			
	'			84	City			FI	85 Zip	Code
					Oity			· FL	-	
•					·		4-4 E 4h-		abanaina i	c registered
11. Pursuant to the provisions of office or registered agent or the	oth in the State of Flo	orida. Such change was	authonzed	bv i	-named con	poration submits this	s statement for the	purpose of	changing it intment as r	s registered egistered
•	oth in the State of Flo	orida. Such change was	authonzed	bv i	-named con	poration submits this ion's board of direct	s statement for the ors. I hereby acce	purpose of pt the appo	changing it intment as r	s registered egistered
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

LAOSUWAN

561641-1515