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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P97000047973**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 12, 1999 8:00 am Secretary of State 03-12-1999 90036 005 ***300.00

WEAPA :	SERVICES, INC.									
Principal Place	e of Business	Mailing Address			 _	-	DOSSE WOOM BE		<u> </u>	5 1
610 W AZEELE		610 W AZEELE ST				•				
TAMPA FL 33606 TAMPA FL 33606										
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 05/29/1997				Ì
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applie	d For
21		26				APPLIED FOR			Not Ar	oplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Addi	
22						<u> </u>			Requir	
City & Stat						6. Election Campaign Financing			00 Ma	• 1
23		28				Trust Fund Contribution		$\overline{}$	ed to F	ees
Zip	Country	Zip		intry		8. This corporation owes the current		ngible □Yes		No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Re				140
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New No	giatered A	gent		
AYF	WALTER E									
610 W AZEELE ST				82 Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL 33606				83						
				"						
			•	84	City		CI	85 Z	Zip Cod	e
11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu				hove	a-named corno	pration submits this statement for the c	urnose of c	hanging	its rec	istered
office or r	registered agent, or both, in the State i	of Florida. Such change was a	authonzeo	d by 1	the corporation	n's board of directors. I hereby accept	the appoin	ment a	s regist	ered
agent. í a	m familiar with, and accept the obligat	tions of, Section 607.0505, FR	onda Stat	utes.						ĺ
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOT)	E: Registered	Agent	t signature required	when reinstating)	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS	IN 12
TITLE	D	☐ DELETE	1.1 TI	TLE				Chan	ge {	Addition
NAME .	AYE, WALTER E		1.2 N	AME]					
STREET ADDRESS	610 W AZEELE ST		1.3 S	TREET	ADDRESS					1
CITY-ST-ZIP	TAMPA FL 33606		1.4 C	ITY-ST	T-ZIP					
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CITY-ST-ZIP	}				ADDRESS			☐ Chan		
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: