

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0106989

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000050803 (0)**

1. Corporation Name

**WMB ENTERPRISES, INC.**

Principal Place of Business

P O BOX 9376  
PORT ST LUCIE FL 34965

Mailing Address

P O BOX 9376  
PORT ST LUCIE FL 34965

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**BOYD, WESTON M**  
**496 SW ASTER RD**  
**PT ST LUCIE FL 34953**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/09/1997**

4. FEI Number

**65-0760905**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

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]*

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**P Weston M Boyd**  
**4924 NW FORLANO ST**  
**PORT ST LUCIE, FL 34983**

**600002670186-6**  
**-10/22/98-01054-016**

**\*\*\*\*150.00 \*\*\*\*150.00**  
☐ Change ☐ Addition

**B. 10/21 98 AR**

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.

SIGNATURE:

**SIGNATURE REQUIRED**

**8/29/98**

**FILED**

**98 OCT 19 AM 10:21**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (5/98)

WMB Enterprises, Inc.  
4924 NW Forlano St  
Port St Lucie, FL 34983

August 29, 1998

Division of Corporations  
Attn: Annual Report Section  
PO Box 6327  
Tallahassee, FL 32314

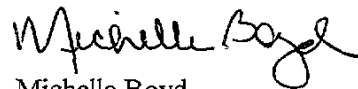
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To whom it may concern:

As per my conversation with Jane with the Department of State, enclosed is a check in the amount of \$150.00 for the 1998 Profit Corporation Annual Report.

As we had discussed, the reason for the late receipt of payment was due to an incorrect address. Please change the address as stated above. If you have any further questions, please free to contact me at my daytime work phone number 561-340-5438 or leave a message at the home phone number 561-340-1283.

Sincerely,

  
Michelle Boyd