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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000055749 (0)

WP REFERRALS, INC.

Principal Place of Business Mailing Address 71199 W. COMMERCIAL BLVD. 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351 TAMARAC FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0763425 21 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Gober, George L 7809 W. COMMERCIAL BLVD. Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33351 83 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607. 1508, Fiorida 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 home of registered agent and little trapplicable (NOTE: Registored Agent signal are required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE Change ☐ Addition TITLE 1.1 TITLE CANFIELD, A C NAME 1.2 NAME 7809 W. COMMERCIAL BLVD. STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 33351 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change 4. 2 NAMÉ STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Change DELETE TITLE 6.1 THLE Addition

14. Thereby 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 trusted 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 an on an attackment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4/20/98

72E034 (10/97)

FILED

Apr 27 1998 8:00am

Secretary of State