LE NOW: FILING FEE AFTER MAY 1ST IS

PROFIT " CORPORATION ANNUAL REPORT



FLORIDA DEPART

Sandra B.

Secretary DIVISION OF CO

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90271 012 ***150.00

•	199 8 79	A COUNTY I REST	DIVISION OF CO		
DOCU	MENT# F	9700005	5834 (0)	7 O.B	
 Corporation 	INdille	0,00000	0001.(0)	6.~	,
WET E	ARTH, INC.				
Principal Place	/		iling Address		
14541 DRAETH WELLINGTØN			1541 DRAFTHORSE LANE ELLINGTON FL 33414		.*
WEELING OF	6 mil	.,	2201101011112		DO NOT WRITE IN I
					3. Date Incorporated or Qualified 06/25/1997
2. Principal Pi	Tace of Business	e Worth	Mailing Address HVC		4. FEI Number
Suite, Apt.	#, ejc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State	e lang,	27	City & State		6. Election Campaign Financing
23 Zip 🖘 (Cour	28	Zip	Country	Trust Fund Contribution
24 33 6	162 25	29	· · · · · · · · · · · · · · · · · · ·	30 .	This corporation owes or has paid the Personal Property Tax due June 30
24 00		iress of Current Regist		50] .	10. Name and Address of New Registe
RU	SCH, STACY		2519 2	81 Name	
	541 DRAFTHORSE	LANE		82 Street	Address (P.O. Box Number is Not Acceptable)
	LLINGTON FL 334				7 E Caxeworth
				83 /	tama Fl
				84 City	W Tana
					corporation submits this statement for the purpor
SIGNATURE		ccept the obligations of		Registered Agent signature	required when reinstating)
12.		OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS
TITLE	D D	DD.	∐ DELETE	1.1 TITLE	
NAME	BUSCH, HOWA			1 2 NAME	217 ELaKeWorth
STREET ADDRESS	*14541 DRAFTH WELLINGTON F			1 3 STREET ADDRESS	1 an tong F13341-
CITY-ST-ZIP TITLE	D	L 33414	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Carring 1 1135/60
NAME	BILICIC, JOSEP	н		2.2 NAME	
STREET ADDRESS		 IST FACULTY COUR	•	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCI			2. 4 CITY - ST - ZIP	
TITLE	· · · · · ·		DELETE	3.1 TITLE	
NAME				3 2 NAME	/
STREET ADDRESS				3.3 STREET ADDRESS	•
CITY-ST-ZIP				3.4. CITY - ST - ZIP	
TITLE			☐ DELETE	4 1 TITLE	
NAME	j			4. 2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	4.4 CITY+ST-ZIP 5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE			DELETE	61 TITLE	
NAME				6.2 NAME	
STREET ADDRESS	1	;		6.3 STREET ADDRESS	
CITY-ST-ZIP	}			8.4 CITY - ST - ZIP	·
14 thereby	certify that the informa	ation supplied with this f	lling does not qualify to	rane exemption state	ed in Section 119.07(3)(i), Florida Statutes. I fi
indicated	d on this annual report	t or supplemental annua	I report is true and aco	irate and that my sid	anature shall have the same legal effect as it is
officer or	director of the corpor	ration or the receiver or	trustee empowered to e with an address.	execute this report as	s required by Chapter 607, Florida Statutes.