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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POZOCOSSO24

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90060 030 ***150.00

1. Corporation WIPERPR				_													
Principal Place of Business Mailing Address												-::: ESIBI Q[(1	ir 1911 9 ((911 9 11 5 11	. 4181 (451		
3405 N.W. 9TH AVE. STE. 1205 3405 N.W. 9TH AVE. STE. 1205																	
FT. LAUDERDALE FL 33433 FT. LAUDERDALE FL 33433									DO NOT WRITE IN THIS SPACE								
ı								•				3. Date Incorporated or Qualifed					
												07/03/1997				l	
2. Principal Place of Business 2a. Mailing Address						ss					4. FEI Number		$\neg \top$	Appl	ied For		
21				26								65-0769680			Not /	Applicable	
Suite, Apt. #, etc.				Suite, Apt #, etc						3-2-3		5. Certificate of Status Desired	<u> </u>			lditional	=
22				27								5. Centicate of Status Desired	<u></u>	Fe	e Requ	uired	
City & Stat	te				City &	State						6. Election Campaign Financing				lay Be	
23				28		_						Trust Fund Contribution			ded to	Fees	
Zip		Count	try	\vdash	Zip				ountry			8. This corporation owes the curren			_	٦.,	
24		25		29				30				Personal Property Tax.		☐ Yes		□No	
	9. Name	and Addr	ess of Current	Regis	stered A	Agent			81	Name		10. Name and Address of New Re	yıstered A	yent			
KATA	M VAL IS																
KATARI, JAY M 3405 N.W. 9TH AVE. STE. 1205									82	2 Street Addre		ss (P.O. Box Number is Not Acceptab	le)				
	AUDERDAL								83								
, ,, ,	, looki lork	L 1 L 00 1							"								
									84	City			FL	1	Zip Co		
11. Pursuant	to the provis	ions of Se	ctions 607.0502	and 6	307.150	8, Florid	a Statute	s, the	above	-named	corpor	ation submits this statement for the p 's board of directors. I hereby accept	urpose of c	hangin	g its re	egistered stered	
office or r	registered ag ım familiar w	ent, or bot ith, and ac	h, in the State c cept the obligati	of Flori	da. Suc f. Sectio	n chang n 607 0!	e was au 505 - Flori	inorize	ed by I	tne corpo	oration	s board of directors. Thereby accept	ше аррош	Illipiir s	is rega	stereu i	
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SIGNATURE	Signature, typed	or printed nam		and title	if applicab	ole. S	(NOTE:	Register	ed Agent				DATE	DIRE	CTOR	S IN 12	6
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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 anticomment with an antico

SIGNATURE: