


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90055 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P97000062233</u> ✓			
1. Corporation Name <u>WBI911-1N Center, Inc</u>			
Principal Place of Business <u>6641 Central Avenue</u> <u>St. Petersburg, Fla. 33710</u>		Mailing Address <u>10506 Oak Haven Dr.</u>	
2. Principal Place of Business 21 <u>6641 Central Ave</u>		2a. Mailing Address 26 <u>10506 Oak Haven Dr.</u>	
Suite, Apt. #, etc. 22 <u>St. Pete, Fla</u>		Suite, Apt. #, etc. 27 <u>Fla.</u>	
City & State 23 <u>Pineellas Park</u>		City & State 28 <u>Fla.</u>	
Zip 24 <u>33710</u>		Zip 29 <u>33782</u>	
Country 25 <u>Pinellas</u>		Country 30 <u>USA</u>	
9. Name and Address of Current Registered Agent <u>Susan Cornell</u> <u>10506 Oak Haven Dr.</u> <u>Pineellas Park Fla</u> <u>33782</u>		10. Name and Address of New Registered Agent 81 Name <u>Susan Cornell</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>10506 Oak Haven Dr.</u> 83 <u>Pineellas Park Fla</u> 84 City <u>FL</u> 85 Zip Code <u>33782</u>	
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 <u>Susan Cornell</u> <u>Vice President</u> <u>5/10/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>vice</u> <u>Titane W. Cornell</u> <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <u>Pres</u> <u>10506 Oak Haven Dr.</u>		1.2 NAME	
STREET ADDRESS <u>Pineellas Park Fla</u>		1.3 STREET ADDRESS	
CITY-ST-ZIP <u>33782</u>		1.4 CITY-ST-ZIP	
TITLE <u>Pres</u> <u>Susan Cornell</u> <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <u>10506 Oak Haven Dr.</u>		2.2 NAME	
STREET ADDRESS <u>Pineellas Park Fla</u>		2.3 STREET ADDRESS	
CITY-ST-ZIP <u>33782</u>		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Susan Cornell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)