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 # P9700063072 (7)

WRL ENTERPRISES, INC.

FILED May 11 1998 8:00am Secretary of State

AALIE E	WENT TROCKS, INC.					
Principal Place	e of Business	Mailing Address				id tillir dåtta tådtil tilat tæat
8107-A OAKTON CT. 8107-A OAKTON CT.						
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33400						.D. 05
					DO NOT WRITE IN THIS S	SPACE
					3. Date Incorporated or Qualified 07/22/1997	
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26					65-0176669	Not Applicable
			Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City 9 Diote	City & State			Fee Required
	y .	a	····a		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28]	Count			Added to Fees
24	 1	25 29 30		,	8. This corporation owes or has paid the curr Personal Property Tax due June 30.	Tent year intangible
24]	9. Name and Address of Curre	يهم حدد صدوبي بين المساور المس	1301		10. Name and Address of New Registered	
IΔ	CKEY, WILLIAM R		8	Name		- **
	07-A OAKTON CT.		L			
	EST PALM BEACH FL 33406		8	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
***	OT FACILIDEACTITE COTO		8:	3		
			<u> </u>	ļ		
			84	City	FL	85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida St.	atutes the above	 ze₊named c		changing its registered
office or r	egistered agent, or both, in the Stat	o of Horida. Such change w	as authorized b	y the corpo	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	ointment as registered
agent la	m familiar with, and accept the oblig		, Honda Statute	JS.	41.	- la-
SIGNATURE	Orginature, typed or printed name of registrated as	Jackey	(NOTE: Rog stored A.	wot signature re	equired when reinstating) DATE	5/98
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE	T	PRETIDENT	☐ Change ☐ Addition
NAME	1.2		1.2 NAME	. }	WILLIAM P. LACKEY	
STREET ADDRESS	iES\$		1.3 STREE	1 ADDRESS	8107-A CAKYON GT.	
CITY-ST-ZIP			1.4 C/TY-	ST - ZIP	West Para leach, Fr 334	66
TITLE		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME		221		İ		
STREET ADDRESS				T ADDRESS	•	
CITY-ST-ZIP			2. 4 CITY		:	
TITLE			3.1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAM	.		
STREET ADDRESS	1		4.3 STREI	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	- 1		-
TITLE		DELETE 5.1 T				Change Addition
NAME			5.2 NAME	i i		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY -			
TITLE			6.1 TITLE			Change Addition
NAME			6.2 NAME	i		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	portify that the information supplied	with this filips stope not quali	6.4 CITY-		in Section 119 07/3Vi). Florida Statutes, Lifuther ce	rtify that the information

14. Thereby certify that the information supplied with this filling 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.

CICNATURE & 1 (8)

4/2/00

(5) 017,1014