

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000074907 (1)**

1. Corporation Name

**FIRST WMA OF FLORIDA, INC.**

Principal Place of Business

**1015 E. SEMORAN BLVD., STE. 229  
CASSELBERRY FL 32707**

Mailing Address

**1015 E. SEMORAN BLVD., STE. 229  
CASSELBERRY FL 32707**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **1185 LA MESA AVE.**

Suite, Apt. #, etc.

27 City & State

28 **WINTER SPRINGS, FL**

29 Zip Country

30 **32708**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** [ ] DELETE

NAME **COLLADO, ELMER B**

STREET ADDRESS **1015 E. SEMORAN BLVD., STE. 229**

CITY-STATE-ZIP **CASSELBERRY FL 32707**

TITLE **VICE - President** [ ] DELETE

NAME **VALENTINE A. COLLADO**

STREET ADDRESS **1185 LA MESA AVE**

CITY-STATE-ZIP **WINTER SPRINGS, FL 32707**

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-STATE-ZIP [ ] DELETE

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-STATE-ZIP [ ] DELETE

TITLE [ ] DELETE

NAME [ ] DELETE

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CITY-STATE-ZIP [ ] DELETE

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-STATE-ZIP [ ] DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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10/13/98

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.

SIGNATURE

**Collado**

**10/13/98**

**6071831-8886**

**FILED**  
**Oct 13 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/28/1997**

4. FEI Number

**59-349-4454**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. [ ] Yes [ ] No

10. Name and Address of New Registered Agent

CP2E034 (5/98)

2

First WMA Of Florida, INC.  
Elmer B. Collado  
1015 E. Semoran Blvd, Suite #229  
Casselberry, Fl 32707

30 September 1998

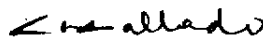
Division Of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302

Dear Sir, Ma'am;

My Company has been inactive for a while and just never care about it anymore. Until recently, I thought of saving the Company's name and maybe something will come up someday. I found the registration but I noticed today is the deadline. I called your Division and I spoke to one of your specialist how I can do this since today is the deadline. I also told him that this registration is a second notice and I have not seen the first notice. He told me the difference, the second notice has a penalty. Since I did not received the first notice I would like to request a waiver to remove that penalty of \$400.00. I enclosed a check of \$150 for the filing fees for this corporation.

Please register and do not dissolved my company's name. I appreciate for your understanding and consideration of this matter

Sincerely,

  
Elmer B. Collado