



**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90060 024 ***150.00

DOCUMENT # **P97000074907**

1. Corporation Name

FIRST WMA OF FLORIDA, INC.

Principal Place of Business
1015 E. SEMORAN BLVD., STE. 229
CASSELBERRY FL 32707

Mailing Address
1185 LA MESA AVENUE
WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

59-3494454

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Election Campaign Financing

☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

ELMER B. COLLADO
1015 E. SEMORAN BLVD., STE. 229
CASSELBERRY FL 32707

81 Name **ELMER B. COLLADO**

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

1015 E. SEMORAN BLVD., #22983 **CA**84 City **CASSELBERRY****FL**85 Zip Code **32707**

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

4/13/99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

P
NAME **COLLADO, ELMER B**
STREET ADDRESS **1015 E. SEMORAN BLVD., STE. 229**
CITY-ST-ZIP **CASSELBERRY FL 32707**

1.2 NAME ☐ DELETE

VP
NAME **COLLADO, VALENTINE A**
STREET ADDRESS **1185 LA MESA AVENUE**
CITY-ST-ZIP **WINTER SPRINGS FL 32707**

1.3 STREET ADDRESS ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.7 CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.8 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED**3-30-99****(407)831-8886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2024 (1/10/98)