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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

**19**98

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075987 (2)

WHAT WENT WRONG?, INC.

946S BRITTANY PATH INVERNESS FL 34452		9465 BRITTANY PATH INVERNESS FL 34452			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
9 Principal	Place of Business	2a. Mailing Address			09/02/1997	
21		<u> </u>	26. Walling Address		4. FEI Number Applied For Not Applied For Not Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	+		eo 75	
22		27	7		5. Certificate of Status Desired Fee Required	
City & State		City & State	* · · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cu	irrent Hegistered Agent		1 Name	10. Name and Address of New Registered Agent	
	ERRÍCO, JAMES		l°	1 Name		
9465 BRITTANY PATH			ē	2 Street	t Address (P.O. Box Number is Not Acceptable)	
in in	VERNESS FL 34452		a	3		
				<u> </u>		
			8	4 City	FL 85 Zip Code	
11. Pursuani	t to the provisions of Sections 607	.0502 and 607.1508. Florida Statu	les the abo	ve-namec	d corporation submits this statement for the purpose of changing its registered	
office or	registered agent, or both, in the S	State of Florida. Such change was obligations of, Section 607,0505, F	authorized	by the cor	orporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	·	A , COCO. 100 Hottsod , to ensitty month	onda otaldi	00.		
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable (NO	E: Registered A	gent signatur	re required when reinstating) OATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE	1.1 TITLE		PRESIDENT Change Addition	
NAME			1.2 NAM	E	JAMES DERRICO 19465 BRITTANY PATH	
STREET ADDRESS			1.3 STRE	ET ADDRESS	9465 BRITTANY MATH	
CITY-ST-ZIP	<u> </u>	<b>-</b>	1.4 City		ENVERNESS, FLA. 34452	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Additio	
NAME			2.2 NAM			
STREET ADDRESS			2.3 STRE	et address		
CITY-ST-ZIP			2. 4 CITY	2.4 CITY-ST-ZIP		
TITLE		☐ DELE <b>TE</b>	3.1 TITLE		Change Addition	
NAME			3.2 NAM			
STREET ADDRESS			3.3 STRE	et address		
CITY-ST-ZIP			3.4. CITY	- ST- ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additio	
NAME		•	4. 2 NAV	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP		····	4.4 CITY	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAM			

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

4/15/00 (352)344-45

Change

\_\_ Addition

**FILED** 

Apr 20 1998 8:00am

Secretary of State