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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077398

1. Corporation Name

WASSALL ENTERPRISES, INC.

Principal Place of Business Mailing Address						ישפי וווסס יווסס וווסס יווסס ווספו וווסו סוו וספונססו ו			
8440 S.W. 179TH ST. MIAMI, FL 33157		8440 S.W. 179TH ST. MIAMI FL 33157			<u> جسیمی</u>	DO NOT WRITE IN THIS SF	PACE	المحاث عبتهمنا	
			, - - -			3. Date incorporated or Qualifed	7.00		
						09/08/1997			
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number		Applied For	
21	26				APPLIED FOR		Vot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	\$8.75	Additional	
22		27	27			5. Certificate of Status Desired	Fee I	Required	
City & State		City & State				6. Election Campaign Financing	\$5.0	May Be	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24	25	29 30				Personal Property Tax. Yes And			
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	t Registered Agent		81	Mama	10. Name and Address of New Registered Ag	jent		
2AW/	SALL, RICHARD			"	Name				
8440 S.W. 179TH ST.				82 Street Address (P.O. Box Number is Not Acceptable)					
	MI FL 33157		}						
WIE	M 1 E 00 107			83					
				84	City	FL	85 Zi	p Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute of Florida Such change was at				the above-named come			anging	its registered	
office or r	egistered agent, or both, in the State	of Florida Such change was	authorized	by th	ne corporation	n's board of directors: I hereby accept the appointing	nent as	registered	
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, F	ionda Statt	utes					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered	Agent	signature required	when reinstating) DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	TORS IN 12	
TITLE	PD	☐ DELETE 1.11		ſLΕ		.6	Chang	e Addition	
NAME	WASSALL, RICHARD	1.2 N		AME				1	
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS				1	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CT	1.4 CITY-ST-ZIP					
TITLE	☐ DELETE 2.1 TI		î,E			Change	e 🗀 Addition		
NAME	WASSALL, CHRISTINE M		2.2 NA	2.2 NAME		,			
STREET ADDRESS	8440 S.W. 179TH ST.		2.3 ST	2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33157		2.4 C	2. 4 CITY-ST-ZIP					
TITLE			3.1 T/	3.1 TITLE		(_ Chang	e Addition	
NAME	WASSALL, MICHELLE G 321		3.2 N/	AME		_			
STREET ADDRESS			3.3 ST	REETA	ADDRESS	y may it			
CITY-ST-ZIP	MIAMI FL 33157		3.4. C	ITY-ST	- ZIP				
TITLE		☐ DELETE	4.1 Te	TLE			Chang	e [] Addition	
NAME	_		4. 2 N	AME.	1			- 1	
STREET ADDRESS		ريزي <mark>مينيو</mark> د الرياد البرياد البياد	4.3 ST	REET A	NOORESS	التواسيون المالي المالي			
CITY-ST-ZIP			4.4 Cf	TY-ST-	ZIP				
TITLE		· DELETE	5.1 71	TLE			Chang	e 🔲 Addition	
NAME	•		5.2 N	ME		•		,	
STREET ADDRESS			5.3 ST	REET A	ADDRESS			Ì	
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TT	TLΕ			Chang	e Addition	
NAME			6.2 N	AME				1	

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 reactive 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 the corporation of the corporation with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90058 018 ***150.00