PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P97000080711

1. Corporation Name

WM. L. COMPANIES, INC.

Principal Place of Business

Mailing Address

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90077 019 ***150.00



671 JUNEBERRY BOCA RATON F		671 JUNEBERRY COURT BOCA RATON FL 33486				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/16/1997				
2. Principal PI	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		А	pplied For	
21						65-0781532		N	ot Applicable	
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required				
City & State	9	City & State			**********	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	25 Zip Zip Zip			y 		This corporation owes the curre Personal Property Tax.		☐Yes	□No	
				10. Name and Address of New R	egistered A	gent		4		
O-PARAMANIA SERIE LARA D				1 Name						
671	Manski, William R Juneberry Court		82	2 Stree	et Addres	ess (P.O. Box Number is Not Acceptable)				
BOC	A RATON FL 33486		83	3						1
,			84	1			FL		Code	1
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: Re	egistered Age	ent signatu	re required w	when reinstating)	DATE			ءَ
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFF	ICERS AND			1 5
TITLE	PTD	_ DELETE	1.1 TITLE					☐ Change	Addition	1
NAME	SZYMANSKI, WILLIAM R		1.2 NAME				-			3
STREET ADDRESS	671 JUNEBERRY COURT		1.3 STREE	ET ADDRES	ss					[
CITY-\$T-ZIP	BOCA RATON FL 33486	,	1.4 CITY-	ST-ZIP						غ ا
TITLE '	VSD DELE		2.1 TITLE		-		,	☐ Change	☐ Addition	'
NAME	SZYMANSKI, LYNNE E		2.2 NAME)					Ì
STREET ADDRESS	671 JUNEBERRY COURT		2.3 STRE		ss					1
-CITY ST ZIP:	BOCA RATON FL 33486		:2:4 CiTY	ST-ZIP-						
TITLE			3.1 TITLE					☐ Change	Addition	
NAME	E		3.2 NAME			·	-			
STREET ADDRESS		3.3 STREET ADDRESS		ss						
CITY-ST-ZIP	•		3.4. CITY-\$T-ZIP							Į.
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition	
NAME		•	4. 2 NAME	Ē			, · <i>·</i>			1
STREET ADDRESS			4.3 STRE	ET ADDRES	ss					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP						1
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition	
NAME			5.2 NAME							1
STREET ADDRESS			5.3 STREE	ET ADDRES	ss					
CITY-ST-ZIP		<u>_</u>	5.4 CITY-	ST-ZIP						1
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	ET ADDRES	ss					
CITY-ST-ZIP		-	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 thanged, or on an attachment with an address, with all other like empowered.