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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000081182 (2)

W.P. FINANCIAL SERVICES OF FLORIDA, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				t realiss in a mut seete setti estit esut een tatel treet nest inter tert ber		
9542 104TH AVE N 9542 104TH AVE N						
SEMINOLE FL	L 33777	SEMINOLE FL 33777	SEMINOLE FL 33777		DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified		
				09/18/1997		
	lace of Business	2a. Mailing Address	- / ./	4. FEI Number	Applied For	
21 9533			Averus N	59-3494145	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & State	8 4	City & State		• Stanting Company Financia		
23 LARES		28 LARGO, A		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip 22000	Country	This corporation owes or bas not		
24 337	77 25 USA	29 7577	so USA	Personal Property Tax due June		
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent	
WILSON, DAVID B						
9542 104TH AVE N 9533 104 Avenue N. 82 Street Add. 82 Street Add. 833777				Address (P.O. Box Number is Not Acceptab	le)	
					71. PL PM. 1	
			63			
			84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 a fight the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, byted or firsted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE						
12.	- 	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	POWER, JOE		1.2 NAME	2500		
STREET ADDRESS	19342-104TH-AVE-N-		1.3 STREET ADDRESS	1633 - 1044 Avenue N. LARGO, R. 38717		
CITY+\$T-ZIP	SEMINOLE FL 33777	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	LAKOU, PL 39184	☐ Change ☐ Addition	
NAME	WILSON, DAVID B		2.2 NAME			
STREET ADDRESS	-8542-104TH AVE-N		2.3 STREET ADDRESS	9533-100th Avenus N.		
CITY-ST-ZIP	SEMINOLE FL 88777		2. 4 CITY-ST-ZIP	9533-1044 Avenue N. LARGO, R 38777	1.	
TITLE		☐ DELETE	3.1 TIFLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		ļ	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		T DELETE	5.4 CITY-ST-ZIP		Change Till Addition	
TITLE		CT OFFERE	61 TITLE		Change Addition	
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		1	
CITY-ST-ZIP	certify that the information supplier	t with this filing does not available	6.4 CITY+ST-ZIP	ed in Section 119 07(3)(i). Florida Statutes Li	urther certify that the information	

indicated on this annual roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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 change on an attachment with an address.

B. WHSON

4-29-98

813-353-3258