## 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 # P97000092820

1. Corporation Name

W-EE PROPERTIES, INC.

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90054 011 \*\*\*150.00



Principal Place of Business Mailing Address						( (BAILES) (10 1811/ 1881) BAIL BAIL BAIL BAIL BAIL ISIN 1911/ 1911/ 1911/ 1911/ 1911/
91 HILL AVENUE 91 HILL AVENUE FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 3:			32548			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						i.
2. District District Address						10/27/1997 4. FEI Number Applied For
<b>├</b> ── '	al Place of Business 2a. Mailing Address					APPLIED FOR 59-3523187   Not Applicable
21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc.						\$8.75 Additional
						5. Certificate of Status Desired Fee Required
City & State	City & State City & State					6. Election Campaign Financing S5.00 May Be
23						Trust Fund Contribution Added to Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible
24	25 29 30					Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent		Γ,		10. Name and Address of New Registered Agent
				81	Name	
SMITH, NATHANIEL JR.				82	Street Ad	Idress (P.O. Box Number is Not Acceptable)
91 HILL AVENUE						
FORT WALTON BEACH FL 32548				83		
1				84	City	85 Zip Code
<u> </u>					·	FL 60 Ep sass
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized					-named co	orporation submits this statement for the purpose of changing its registered ation'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   Noned or consistered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)    DATE   D						
12.	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	Agent	signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TI	TLE		☐ Change ☐ Addition ☐
NAME	SMITH, NATHANIEL JR. 12N		AME			
STREET ADDRESS	A			TREET	ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548			ITY-ST		
TITLE			2.1 TI			☐ Change ☐ Addition C
NAME	SMITH, JANNIE V 22N		AME			
STREET ADDRESS	91 HILL AVENUE		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH EL COSAG			ITY-§	T-ZIP	
TITLE	DELETE 311		TLE		Change Addition	
NAME			3.2 N	AME		
STREET ADDRESS			3.3 \$	TREET	ADDRESS	
CITY-ST-ZIP		[] pr		ITY-S	T- ZIP	
TITLE			4.1 TI		İ	
NAME			4.2 N	IAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		□ DELETE		TY-ST	-ZIP	☐ Change ☐ Addition
TITLE	_		5.1 TI 5.2 N			D Average Children
NAME					ADDRESS	
STREET ADDRESS				ITY-ST		
CITY-ST-ZIP		☐ DELETÉ	6.1 TI		-	☐ Change ☐ Addition
I TITLE		عدداء	6.2 N			
NAME CTREET ADODESS			1		ADDRESS	
STREET ADDRESS				TD/ 01	- 70	

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 suppliemental 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 chapted, or on an attachment with an address, with all other light empowered.

SIGNATURE: 次

SIGNING OFFICER OR DIRECTOR NATURE AND TYPED OR PRINTED NAME OF