## 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 # P97000095529 (8)

WURTZ TRADING COMPANY

Mailing Address

## **FILED** Feb 03 1998 8:00am Secretary of State



Principal Place of Business 2 GULF BOULEVARD #5 2 GULF BOULEVARD #5 INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/07/1997 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Zic Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 24 30 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **AMERILAWYER** 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 33785 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, Seption 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above SIGNATURE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 \_\_ DELETE UICE PRESIDENT TITLE PSTD 1.1 TITLE WURTZ, MICHAEL P Phil 1.2 NAME WINDTZ NAME ZII A GLENN HILLDS. 2 GULF BOULEVARD #5 STREET ADDRESS 1.3 STREET ADDRESS slinger, WI. 53086 INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP \_\_\_ DELETE Change \_\_\_ Addition TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - 7(P DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET AODRESS 6.3 STREET ADDRESS CITY-ST-ZIF

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.

SIGNATURE:

32E034