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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # **P9700096344**

WPB RETAIL, INC.

•	
551 NW 77TH S	STREET
SUITE 109	
BOCA BATON I	FL 33487

Deignigel Plans of Business

Mailing Address

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90185 048 ***158.75



SUITE 109 SUITE 109		551 NW 77TH STREET SUITE 109 BOCA RATON FL 33487	SUITE 109		DO	NOT WRITE IN	THIS SP	ACE	
		•••			3. Date Incorporated of 11/12/1997	or Qualifed			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	65-08190	トフ	Aŗ	plied For
es		26			APPLIED FOR	00 00770			t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status	Desired 🖳	/ (•	Additional
12		27						Fee Re	<u>'</u>
City & State		City & State			6. Election Campaign Trust Fund Contribu	_		\$5.00 Added	
Zip	Country	Zip	Country		8. This corporation ow		ar Intano	ible	
4	25	<u> </u>	30		Personal Property			Yes	□ 1 160
	9. Name and Address of Curre	ent Registered Agent			10. Name and Addres	s of New Regist	ered Age	ent	
	A		81	Name					
	, samuel NW 77th street		82	Street Add	tress (P.O. Box Number is I	Not Acceptable)			
	E 109		83					•	
	A RATON FL 33487								
			84	City			FL ^l	85 Zip	Code
11 Pursuant t	o the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s, the above	e-named corr	poration submits this staten	nent for the ourpo:	se of cha	anging its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was au	thorized by i	the corporati	ion's board of directors. I he	ereby accept the a	appointm	ent as re	gistered
agent. I an	n familiar with, and accept the oblig	ations of, Section 607.0505, Fiori	ua Statutes.						
SIGNATURE	Signature, typed or printed name of registered ag	rent and title if applicable. (NOTE:			red when reinstating)	. DA	TE		
	Signature, typed or printed name of registered ag	jent and title if applicable. (NOTE:			red when reinstating) ADDITIONS/CHANG			DIRECTO	DRS IN 12
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I nereby 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 informati 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, with all other like empowered.

SIGNATURE: