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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098714 (3)

WHITMER FORMING COMPANY, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2701 E. SUNRISE BLVD.: #304 2701 E. SUNRISE BLVD., #304 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 Suite Apt #, etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zio Zip This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WHITMER, CHARLES WAYNE 2701 E. SUNRISE BLVD., #304 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33304 83 84 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with land accept the obliquations of, Section 607 0505, Florida Statutes. SIGNATURE Signature: typed or printed caree of registered agent and title if apply able (NOTE Higgstered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change DELETE TITLE 11 TITLE WHITMER, CHARLES WAYNE NAME 12 NAME 2701 E. SUNRISE BLVD., #304 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33304 14 City-St-ZiP CITY-ST-ZIP Addition Change OELETE 21 TITLE TITLE NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 41 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CETY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP ☐ Addition ☐ DELETE Change 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 64 CITY-ST-ZIP ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I hereby certi eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an istee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in