05011999-90072-017-$150.00-$150.00

[redacted]

FILED
May 01, 1999 8:00 am
Secretary of State
05-01-1999 90072 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000005721**

1. Corporation Name
W.M.L.S., INC.

Principal Place of Business	Mailing Address
7226 W. COLONIAL DRIVE SUITE #344 ORLANDO FL 32818	7226 W. COLONIAL DRIVE SUITE #344 ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7226 W. Colonial Drive 22 Suite Apt. #, etc. 344 23 City & State Orlando, Fl 24 Zip 32818 25 Country Orange	2a. Mailing Address 26 7226 W. Colonial Drive 27 Suite Apt. #, etc. 344 28 City & State Orlando, Fl 29 Zip 32818 30 Country Orange	3. Date Incorporated or Qualified 01/20/1998 4. FEI Number 593486996 5. Certificate of Status Desired ☐ 6. Election Campaign Financing Trust Fund Contribution ☐ 7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	☐ Applied For ☐ Not Applicable $8.75 Additional Fee Required $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FINANCIAL FOUNDATION, INC. 2843 THAXTON DRIVE SUITE #37 PALM HARBOR FL 34684	81 Name Bryan J. Favorite 82 Street Address (P.O. Box Number is Not Acceptable) 83 7226 W. Colonial Drive Suite 344 84 City Orlando FL 85 Zip Code 32818

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Bryan Favorite 5-13-99
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	PSD	☑ Change ☐ Addition
NAME	NIEVES, WILLIE E		1.2 NAME	Bryan J. Favorite	
STREET ADDRESS	7226 W. COLONIAL DRIVE, SUITE 344		1.3 STREET ADDRESS	7226 W. Colonial Drive Suite 344	
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY-ST-ZIP	Orlando, Fl. 32818	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
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			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Bryan Favorite SIGNATURE REQUIRED 4-21-99 407-467-8937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #