

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

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90062 034 \*\*\*150.00

DOCUMENT # P98000007527

1. Corporation Name  
WESCHMARK CORPORATION

Principal Place of Business  
214 S OLEANDER AVE  
DAYTONA BEACH FL 32118

Mailing Address  
P O BOX 871  
CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

59-3485748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 102 RIVERSIDE DR.

Suite, Apt. #, etc.

22 #B803

City & State

23 COCOA, FL

Zip

24 32922

Country

25 U.S.A.

2a. Mailing Address

26 102 RIVERSIDE DR.

Suite, Apt. #, etc.

27 #B803

City & State

28 COCOA, FL

Zip

29 32922

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WESCHE, JAMES A  
214 S OLEANDER AVE  
DAYTONA BCH FL 32118

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
102 RIVERSIDE DR.

83

#B803

84 City

COCOA

FL

85 Zip Code

32922

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WESCHE, JAMES A  
STREET ADDRESS 214 S OLEANDER AVE  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE V ☐ DELETE

NAME MARKS, ROBERT W  
STREET ADDRESS 7801 RIDGEWOOD AVE STE 11  
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VST ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 102 Riverside Dr. - #B803

2.4 CITY-ST-ZIP Cocoa, FL 32922

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: SIGNATURE REQUIRED ROBERT W. MARKS VST 3-20-99 (407)690-0995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

011028