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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90157 047 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000009662

1. Corporation Name

WETLANDS ARE OUR FRIENDS, INC.

Principal Place of Business

Mailing Address

2424 N FEDERAL HIGHWAY
SUITE 314
BOCA RATON FL 33431

2424 N FEDERAL HIGHWAY
SUITE 314
BOCA RATON FL 33431

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/28/1998

4. FEI Number

☒ 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

MILLER, JEFFREY A
2424 N FEDERAL HIGHWAY
SUITE 314
BOCA RATON FL 33431

81 Name **James B. Hayes, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)
2424 North Federal Highway, Suite 314

83

84 City **Boca Raton** **FL** **85** Zip Code **33431**

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

4/28/99

12. OFFICERS AND DIRECTORS

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

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 **President** ☒ Change ☐ Addition
1.2 NAME **James B. Hayes, P.A.**
1.3 STREET ADDRESS **2424 North Federal Highway, Suite 314**
1.4 CITY-ST-ZIP **Boca Raton, Florida 33431**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **James B. Hayes, P.A.**
2.3 STREET ADDRESS **2424 North Federal Highway, Suite 314**
2.4 CITY-ST-ZIP **Boca Raton, Florida 33431**

3.1 TITLE **Secretary** ☒ Change ☐ Addition
3.2 NAME **James B. Hayes**
3.3 STREET ADDRESS **2424 North Federal Highway, Suite 314**
3.4 CITY-ST-ZIP **Boca Raton, Florida 33431**

4.1 TITLE **Treasurer** ☒ Change ☐ Addition
4.2 NAME **James B. Hayes**
4.3 STREET ADDRESS **2424 North Federal Highway**
4.4 CITY-ST-ZIP **Boca Raton, Florida 33431**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(561) 392-4300

Daytime Phone #

CR2E034 (11/98)

0336958