FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

Suite 109

722 Lake Avenue

Lake Worth, Fl. 33460

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name

Principal Place of Business

Suite 109

722 Lake Avenue

Lake Worth, Fl. 33460



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State,
DIVISION OF CORPORATIONS

1999 DOCUMENT # P95 000 10

W.S.O.P. and Tours, Inc.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90237 029 ***150.00

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required S5.00 May Be Added to Fees Added to Fees Country Zip Country 8. This corporation owes the current year Intangible							2 <u>/</u> 2/98			
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Section Sect	24	25	29	30	- /			_		¶∑No
Cara Ebert Cameron 2929 East Commercial Blvd., Suite 410 Ft. Lauderdale, F1. 33308 84 City Ft. Lauderdale, F1. 33308 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. If a manufalliar with, nad accept the obligations of, Section 607.0505, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. If a manufalliar with, nad accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PART DIRECTOR 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. MADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. WAVE 12. Lake Avenue, Suite 109 13. STREET ADDRESS 12. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 14. STREET ADDRESS 14. STREET ADDRESS 15.	··	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered /	Agent	
SUSTINE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME STREET ADDRESS CITY ST. 29 Lake Worth, F1. 33460 DELETE 1. 33460 DELETE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DADITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Lake Worth, F1. 33460 DELETE 1. 35 MEET ADDRESS 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1. 35 MEET ADDRESS 1. 35 M					1 1	Name			_	
Suite 410 Ft. Lauderdale, F1. 33308 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Speed or printed name of registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D/P NAME Sale jarvi, Marja Leena Kingelin T22 Lake Avenue, Suite 109 13. ISBRETADORESS TITLE D/S	Cara Ebert Cameron			9	2	Ctroot Addrso	a /D O Pay Number is Not Assents	ıbla)		
### Ft. Lauderdale, F1. 33308 B4 City FL 85 Zip Code		2929 East Commerci	lal Blvd.,	64	021 Sheet Address (P.O. Box Number is Not Acceptable)			}		
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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, and marked the placehole section 607.0505, Florida Statutor. 12		<u> </u>		84	4 (City		<u>FL</u>	85 Zip (Code
12	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									
TITLE D/P DELETE LITTLE D/EAR AVENUE, Suite 109 Lake Worth, F1. 33460	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Age	ent si	ignature required w	hen reinstating)	DATE		
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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.

954-491-1950

Marja Leena Kingelin Salejarvi, President 4/13/99

MALJA LECTA LITTER IN THE OF BIGNING OFFICER OR DIRECTOR

Daytime Phone i