## 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

## DOCUMENT # P98000028903

1. Corporation Name

WRI ENTERPRISES, INC.

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90044 047 \*\*\*158.75

	· ·			
Principal Place	e of Business	Mailing Address		( ) A B LIBER I I I I I I I I I I I I I I I I I I I
501 FIRST AVE	NUE NORTH, STE 507	501 FIRST AVENUE NORTH	f. STE 507	
ST. PETERSBUR		ST. PETERSBURG FL 3370	t	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				03/26/1998
2 Orinainal Di	loca of Pusiness	2a. Mailing Address		4. FEI Number Applied For
	lace of Business	26 P. O. Box 1	5095	59-3513440   Not Applicable
Suite, Apt.	# etc	Suite, Apt. #; etc:	·	\$8.75 Additional
	#, 6tc.	27		5. Certifcate of Status Desired Fee Required
City & State	re	City & State		6. Election Campaign Financing \$5.00 May Be
23		St. Petersb	urg, F1	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 33733	30 USA	Personal Property Tax. ☐ Yes ☐ No
<del> =-7</del>	9. Name and Address of Currer			10. Name and Address of New Registered Agent
			81 Nar	me Yaté K. Cutliff
l	LIFF, YATE K		82 Stre	
	) 34TH STREET SOUTH		02   306	reet Address (P.Q. Box Number is Not Acceptable) 501 First Avenue North Suite 507
Suit	<del>-</del>		83	
) ST. I	PETERSBURG FL 33712			loc 7% Code
			84 City	St. Petersburg <b>FL</b> 85 Zip Code 33701
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-nam	med corporation submits this statement for the purpose of changing its registered
l office or r	registered agent, or both, in the State im familiar with and accept the obliga-	of Florida, Such change was a	uthorized by the co	corporation's board of directors. I hereby accept the appointment as registered
· ·	im familiar with ano accept the orings	Allons of, Section 607.0303, Pio	ilda Statutes.	4-14-99
CICALATINE	1/			
SIGNATURE	Signature, typed or printed name of registered age	mit and title if applicable (NOTE	: Registered Agent signat	sture required when reinstating) DATE
12.	Signature, typed or printed name of registered ago	nt and title if application (NOTE	: Registered Agent signat	sture required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
		77 \		sture required when reinstating)
12. mle	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P
12. TITLE NAME	OFFICERS AN ROWAN, SHARON E	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P  (X) Change Addition  ROWAN, SHARON E
12. TITLE NAME STREET ADDRESS	ROWAN, SHARON E 3000 34TH STREET SOUTH	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  P  (X) Change
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ROWAN, SHARON E 3000 34TH STREET SOUTH ST. PETERSBURG FL 33712 D ROWAN, JAMES ALAN	ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE 1.4 CITY- ST- ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  P ROWAN, SHARON E 11 Hunter's Court Fonthill, Ontario, Canada LOS 1E4 D ROWAN, JAMES ALAN
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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 changes, or of an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR