Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000029200

1. Corporation Name

Principal Place of Business

W. S. INVESTMENT PROPERTIES CORP.

% M. PATRICK 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154  M. PATRICK 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154  BAY HARBOR ISLANDS FL 33154				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
					03/30/1998		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	→ Ap	plied For
130 NW 39 Street 26					1 61-0850685	. No	t Applicable
Suite, Apt. #, etc.  22					5. Certificate of Status Desired \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			- 1
Zip <b>J3/2</b>	Country	Zip 30	Country		This corporation owes the current year In Personal Property Tax.	ntangible -	□No
1	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
PATRICK, MARTY MARTIN HOWARD PATRICK, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)			
1141	KANE CONCOURSE		83				-
BAY	HARBOR ISLANDS FL 33154						0.1.
			84	City	. Fl	85 Zip	Code
SIGNATURE	n familiar with, and accept the obligati	and title if applicable. (NOTE: Reg	jistered Agen		red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
12.	OFFICERS AND	DELETE	13.	<del></del>		Change	Addition
TITLE	D HOVE CENE	DELETE:	1.1 TITLE		SANAY Arocho Proside	Change	Z, iddisor,
NAME	HOYT, GENE		12 NAME		BU NW 34 Street		
STREET ADDRESS	1141 KANE CONCOURSE		1.3 STREET		HIMI FL 3367		
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 331		1.4 CITY-S			Change	Addition
TITLE		☐ DELETE	2.1 TITLE		Willie Berrios Vice hod		radillori
NAME			2.2 NAME		130 NW 39 Street		ļ
STREET ADDRESS			2.3 STREET	ACOITCOO	MIRM FL 23/27	e energia e e	·
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-S	T-ZIP 4	111/21 10 - 10	Change	Addition
TITLE		C DECETE	3.1 TITLE 3.2 NAME			☐ a.uau.âa	
NAME						-	
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-S 4.1 TITLE	1-219		Change	[ ] Addition
NAME			4. 2 NAME				_
STREET ADDRESS			4.3 STREET	ADDRESS			
-			44 CITY-S	į.			
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-S	T- ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STREET	T ADDRESS		•	ļ

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90017 030 \*\*\*158.75