

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000035489

WIP ENTERPRISES, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90018 039 ***150.00

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	BOIG ROOM BOIRD (MAI BILL)	11001 10116 1011 101
	ABUR BBIT BUTUK (MALAKKI	
	11: 11	
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Principal Place	e of Business	Mailing Address							
838 TAMMY CO		838 TAMMY COVE LANE					_		
JACKSONVILLE	FL 32218	JACKSONVILLE FL 32218			DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE			
	±				3: Date Incorporated or Qualifed]		
					04/17/1998		ľ		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21 11766 ChestNut Oak DC, 26 11766 Chest Nut Oak 1			Oak De	2. 59-3506261		Not Applicable			
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	5 Additional Required		
City & State		City & State 28 32218	U.S)	6. Election Campaign Financing Trust Fund Contribution		DO May Be led to Fees		
23 <i>5/-</i>	Country	Zip	Country		8. This corporation owes the current ye	ear Intangible			
24	25	29 30	_		Personal Property Tax.	∐Yes	□No		
,	9. Name and Address of Current				10. Name and Address of New Regist	tered Agent			
			81		100 (1) ale				
	E, OMAR		82		mak Wade ress (P.O. Box Number is Not Acceptable)				
	TAMMY COVE LANE		"	11766	· > 1 - 1 - 4 2 - 4 2 - 1 .	DR. E	- i		
JACH	KSONVILLE FL 32218		83						
			84	City -		85 Z	Zip Code_		
				1 30		FL 3	2218		
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the corporation	poration submits this statement for the purpoon's board of directors. I hereby accept the	se of changing appointment as	its registered s registered		
SIGNATURE	-								
OIOIATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-		nt signature require		ATE			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC			
TITLE	D	☐ DELETE	1.1 TITLE		Pade, OMAR E	_	igeAddition		
NAME	WADE, OMAR		1.2 NAME		1766 Chest Nut Oak De	RE.			
STREET ADDRESS	838 TAMMY COVE LANE				Jacksonville FL 32	2218			
CITY-ST-ZIP	JACKSONVILLE FL 32218	□ DELETE	1.4 CITY-5		Jacksonville FE 32	Chan	nge		
TITLE	0	☐ DELETE	2.1 TITLE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PROTER, MARVIN CIND language Hunters Cind language	Ja Onan	ac 71.00111011		
NAME	PRATER, MARVIN		2.2 NAME		on Hunters Clublan	e			
STREET ADDRESS	1802 HUNTERS CLUB LANE			I	NOR CROSS Ga. 3009	3	}		
CITY-ST-ZIP	NORCROSS GA 30093	☐ DELETE	2.4 CITY- 3.1 TITLE	S1-ZIP	C	∠ .Char	nge		
TITLE	D D	C DELETE	3.1 TITLE	77.0	2By, Edward D	9			
NAME	IRBY, EDWARD D			TADORESS 1	734 Barbados LN.				
STREET ADDRESS	1802 HUNTERS CLUB LANE NORCROSS GA 30093				04 10 C MO 1-3	1136			
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE		St. Louis, Mo. 63	Char	nge Addition		
NAME	D WADE, ALEX	C. Deterie	4.1 IIILE	, P	LLEYNE, KENNETH W	تاتنيها استايين			
STREET ADDRESS	AREA ARANGA NATIONAL AREA				- 0 s ' - 1		ļ		
	OAKLAND CA 94610		4.3 STREE	T-71P	Tackson will A 20018	٢	ļ		
CITY-ST-ZIP TITLE	CARLAID ON STORE	☐ DELETE	51 TITLE	1	1	☐ Char	nge 📝 Addition		
NAME			5.2 NAME	۷ ا	Jacksonville, FL 32018 Jacksonville, FL 32018 Jacksonville, FL 32018 Jacksonville, FL 32018	th ()	r ' !		
STREET ADDRESS			•	TADDRESS	20049 North West 65	Conk	•		
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	Miami, FL 33015 Miliam Michel Reid 6 St. Nichouls Pl.				
TITLE		DELETE	6.1 TITLE	<u></u>	4. 1 1 0 1	☐ Char	nge 🗷 Addition		
NAME			6.2 NAME	w	villiam Nichel Keld	الا ملاد ٢	5/		
STREET ADDRESS	· · · · ·		6.3 STREE	TADDRESS 6	6 St. Nichouls Pl.	Suite &			
CITY ST 7ID			6.4 CITY-5		New YORK NV. 100	132			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119:07(3)(I), Fbrida 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.