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 # P98000036561

1. Corporation Name

WCS INVESTMENTS, INC.

Principal	Place	of	Business

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90170 012 ***150.00



Principal Place of Business Mailing Address										
664 NORTH DIXIE HIGHWAY VILTON MANORS FL 33334 2664 NORTH DIXIE HIGHWAY VILTON MANORS FL 33334 WILTON MANORS FL 33334							•			
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
				٠		04/22/1998				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For			
1		26				65-0845042		Not Applicable		
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
Zip	Country	Zip Country		8. This corporation owes the current year Intangible						
4	25	29	30			Personal Property Tax.	☐ Ye	s 🗆 No		
9	. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Register	ed Agent			
			8.	1 1	Name	*				
DEEM, CURTIS 2664 NORTH DIXIE HIGHWAY WILTON MANORS FL 33334		82	2 5	Street Addres	dress (P.O. Box Number is Not Acceptable)					
		8:	3							
			84		City	F				
office or regis	tered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was a lations of, Section 607.0505, Flo	uthorized by	y the	named corpor e corporation	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	of chang pointment	ing its registered as registered		

agent. i a	im tarrillar with, and accept the obligations t	n, section 607.0303, Florid	ja Statutos.				
SIGNATURE	Signature, typed or printed name of registered agent and tit	a if applicable (NOTE: F	Registered Agent signature requir	red when reinstating) DATE			
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	I GITTOERO TARE SII	☐ DELETE	1.1 TiTLE		Change	☐ Addition	
	DEEM, CURTIS		1.2 NAME	•			
NAME	COOL MODELL DIVIE LIMIN		1.3 STREET ADDRESS	•		*	
STREET ADDRESS							
C(TY-ST-ZIP	WILTON MANORS FL 33334	☐ DELETE	1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE	D	I_J DELETE	2.1 TITLE		☐ Orlange	- Addition	
NAME	DEEM, MARILYN		2.2 NAME				
STREET ADDRESS		mara a	2.3 STREET ADDRESS	استغراضهم المالها والوالد الماليون	e accident estre est		
CITY-ST-ZIP	WILTON MANORS FL 33334		2.4 CITY-ST-ZIP	·			
TITLE	D	☐ DELETE	3.1 TITLE	•	☐ Change	Addition	
NAME	SILLIMAN, STEVEN M		3.2 NAME				
STREET ADDRESS	2664 NORTH DIXIE HWY		3.3 STREET ADDRESS				
CITY-ST-ZIP	WILTON MANORS FL 33334	•	3.4. CITY-ST-ZIP	•			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME		•	4, 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	,		4.4 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-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	•	☐ Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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:

CR2F034 (11/98)