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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000047085 1. Corporation Name

WEB PERFECTING INDUSTRIES, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90111 021 ***150.00



Principal Place of Business Mailing Address 1989 SW BILTMORE STREET ORT ST. LUCIE FL 34984 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/18/1998 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 3. Date Incorporated or Qualifed 05/18/1998 4. FEI Number 26 Suite, Apt. #, etc. 5. Certifcate of Status Desired City & State City & State 6. Election Campaign Financing \$5.00 May Be									
ORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/18/1998 2. Principal Place of Business 2. Applied For 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired Applicable Suite, Apt. #, etc. 3. Certificate of Status Desired Status Desired Status Desired Fee Required Fee Required City & State City & State City & State City & State Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired Status Desired Applicable Fee Required Fee Required St. Outhry Added to Fees Zip Country Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired Status Desired Status Desired Pee Required Fee Required St. Outhry Suite, Apt. #, etc. 3. Certificate of Status Desired Sta	Principal Place of Business	Mailing Address							
2. Principal Place of Business 2. Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip Country Zip Country Zip Country Added to Fees 3. Name and Address of Current Registered Agent MACKENZIE, LORRAINE C 1989 SW BILTMORE STREET PORT ST. LUCIE FL 34984 Applied For Not Applicable 5. Certifcate of Status Desired 5. Certifcate	1989 SW BILTMORE STREET PORT ST. LUCIE FL 34984				DO NOT WRITE IN THI	S SPACE			
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Suite, Apt. #, etc. Zip Country Zip Country Sign Sign									
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Ĺ	Applied For		
S. Certificate of Status Desired Fee Required City & State Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. MACKENZIE, LORRAINE C 1989 SW BILTMORE STREET PORT ST. LUCIE FL 34984 Street Address (P.O. Box Number is Not Acceptable) Russuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered	<u> </u>	26			65-0848521/		Not Applicable		
City & State Trust Fund Contribution Added to Fees Added to Fees Added to Fees Added to Fees Trust Fund Contribution Added to Fees Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. Name MACKENZIE, LORRAINE C 1989 SW BILTMORE STREET PORT ST. LUCIE FL 34984 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code The Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered	"	⊢ ' '			5. Certificate of Status Desired				
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9. Name and Address of Current Registered Agent MACKENZIE, LORRAINE C 1989 SW BILTMORE STREET PORT ST. LUCIE FL 34984 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	<u> </u>		intry	_	8. This corporation owes the current year Ir	tangible	_		
9. Name and Address of Current Registered Agent MACKENZIE, LORRAINE C 1989 SW BILTMORE STREET PORT ST. LUCIE FL 34984 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered	—	29 30			· ·				
MACKENZIE, LORRAINE C 1989 SW BILTMORE STREET PORT ST. LUCIE FL 34984 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered	71			10. Name and Address of New Registered Agent					
1989 SW BILTMORE STREET PORT ST. LUCIE FL 34984 82 Street Address (P.O. Box Number is Not Acceptable) 83			81	Name					
84 City FL 85 Zip Code 11 Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered	······································		82	82 Street Address (P.O. Box Number is Not Acceptable)					
FL 11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered	PORT ST. LUCIE FL 3498	4	83						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					•	_ `			
	11. Pursuant to the provisions of Sect	ions 607.0502 and 607.1508, Florida Statutes, the a	bove	e-named corpor	ration submits this statement for the purpose of	f changir	ng its registered as registered		

office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	The state of the s	d Agest size-time	DATE		\							
12.	Signature, typed or printed name or registered agent and trie in approache. [Incl.: registered agent signature required which trinsducing]											
TITLE	DELETE	A A TITLE	<u> </u>	Change	Addition							
		1.2 NAME	LOTITAINE C. MACKENZIE 1989 SW BILTMORE ST. PORT ST. LUCIE, FL 34984 D ROBORT A. MACKENZIE 1989 SW. 1312 TMORE ST. PORT ST. LUCIE, FL 34984		`							
NAME		1.3 STREET ADDRESS	1989 SW BILTMORE ST.									
STREET ADDRESS		1.3 STREET ADDRESS	Apr STING EL 3484									
CITY-ST-ZIP	DELETE	1.4 CITY-ST-ZIP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Change	Addition							
TITLE	☐ DELETC	2.1 TITLE	- 1 - a macterizie									
NAME		2.2 NAME	Robert 17. Minare ST		į							
STREET ADDRESS		2.3 STREET ADDRESS	1984 500-130	-	**							
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34784		T A LEGG.							
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition (
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TITLE	DELETE	5.1 TITLE		☐ Change	☐ Addition							
NAME		5.2 NAME										
STREET ADDRESS		5.3 STREET ADDRESS			Ì							
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TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition							
NAME		6.2 NAME			İ							
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 t	he exemption state	d in Section 119.07(3)(i), Florida Statutes. I further of	ertify that the in	nformation							

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 of this tee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.