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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000068461

1. Corporation Name

WPJ, INC.

## FILED Mar 09, 1999 8:00 am **Secretary of State**

03-09-1999 90017 039 \*\*\*150.00



Principal Place of Business Mailing Address 10373 NW 11 ST. 10373 NW 11 ST. PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 08/03/1998 2. Principal Place of Business 4. FEI Number 65-0856563 2a. Mailing Address Applied For 10373 Not Applicable \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required bity & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees Trust Fund Contribution Country This corporation owes the current year Intangible 30 Personal Property Tax. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ESTIME, GILBERT 82 17454 SW 79 CT. **MIAMI FL 33157** 83 84 City 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 office or registered agent, or toth in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition ☐ DELETE 1.1 TITLE MALIN. JOSEPH M 1.2 NAME NAME 10373 NW 11 ST. 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33026 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE SPARKS, WILLIAM G 2.2 NAME NAME 1306 SW 120 WAY 2.3 STREET ADDRESS STREET ADDRESS DAVIE FL 33025 2.4 CITY-\$T-ZIP CITY-ST-ZIP \_\_ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition [ ] DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C/TY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CR2E034 (11/98)