## 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 # P98000069632

WOOBA, INC.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90140 024 \*\*\*150.00



Principal Place of Business Mailing Address					
3037 SW 5TH AVE 3037 SW 5TH AVE					
CAPE CORAL FI	L 33914	CAPE CORAL FL 33914			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					08/11/1998
2. Principal Pla	2a. Mailing Address			4. FEI Number Applied For	
21 1232	a la companie	26			65-085-8855 Not Applicable
Suite, Apt.	11 11 11 11 11 11	Suite, Apt. #, etc.			\$8.75 Additional
22 # 3	<i>·</i>	27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23 <b>5+</b> M	iyes, tl	28			Trust Fund Contribution Added to Fees
Zip	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax.	
24 33903 25 USA 29 30					Personal Property Tax. LYes LINO  10. Name and Address of New Registered Agent
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Registered Agent
woo	DMANCY, SARAH		Ľ		
	SW 5TH AVE		82 Street Addre		Address (P.O. Box Number is Not Acceptable)
CAPE CORAL FL 33914		•	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					
office or registered agent, or both, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered agen			t signature re	required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	□ nere ie	1.1 TITLE		1
NAME	WOODMANCY, SARAH		1.2 NAME 1.3 STREET ADDRESS		- 3 No 29X Del Frado Dive
STREET ADDRESS	3037 SW 5TH AVE		1.4 CITY-ST-ZIP		Cape Coral, F1 33990
CITY-ST-ZIP	CAPE CORAL FL 33914	☐ DELETE	2.1 TITLE		Change Addition
TITLE			2.2 NAME		
NAME				ADDRESS	
STREET ADDRESS	<b>*</b>		2.4 CITY-S		<b>i</b>
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	71-ZII	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS		Ĭ		TADDRESS	[
CITY-ST-ZIP			3.4. CITY-5		
TITLE	"	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	-		4, 2 NAME		1
STREET ADDRESS	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 STREE	TADORESS	
CITY-ST-ZIP, * · .	, * t <sub>1</sub> + +		5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	· 一个人		6.2 NAME		
STREET ADDRESS	e sant i the sant s	[	6.3 STREE	TADDRESS	
CITY-ST-ZIP,			6.4 CITY-S		
14 I berebu o				4-4-	d in Section 119 07(3)(i) Florida Statutes. I further certify that the information

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 informatic 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 en an attachment with an address, with all other like empowered.

SIGNATURE:

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 574-4964 Date Date Deptime Phone #