**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90073 036 \*\*\*158.75

## 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 # P98000072810

1. Corporation Name

	WELL-PO	OOL (U.S	.A.),	INC.												
Pr	incipal Place	e of Busines	s		٨	Mailing Address										
1776 PELL RD. P.O. BOX 925 OSTEEN FL OSTEEN FL 32764								!				DO NOT WRITE IN THIS SPACE				
											3	Date Incorporated or Qualifed 08/18/1998			0.0	
2. 21	Principal Place of Business					2a. Mailing Address 26					4	FEI Number 59-3552364		_ <del>                                    </del>	oplied For ot Applicable	
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.						5	i. Certifcate of Status Desired	X	·	Additional equired	
23	City & State	ty & State			City & State							i. Election Campaign Financing Trust Fund Contribution	<u> </u>	•	May Be to Fees	
24	Zip		25	country	29	Zip	30	Country	y			<ol> <li>This corporation owes the curr Personal Property Tax.</li> </ol>		☐Yes	<b>M</b> No	
		9. Name	and.	Address of Current	Reg	istered Agent			_		10	). Name and Address of New F	Registered /	Agent		
	*****	0.451						81	1	Name						
		I, CARL						82	:	Street A	Address (P.O. Box Number is Not Acceptable)					
		i Pell Rd. Een Fl						_	1							
	USII	EEN FL						83	1							
								84		City			FL	.	Code	
11	office or r	anietorad ac	iont n	r hath in the State c	of Floor	607.1508, Florida St rida. Such change wa of, Section 607.0505,	าร ลมเทด	rizea Dv	/ Ir	named control	orporationation's t	on submits this statement for the poord of directors. I hereby accept	purpose of on the purpoir	changing its atment as re	registered egistered	
SI	IGNATURE												DATE			
<u> </u>		Signature, typed	or print	ad name of registered agent		· · · · · · · · · · · · · · · · · · ·	NOTE: Regi	stered Age	nt :	signature rec	uired wher	ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12	
12								1.1 TITLE		1	PRCA	T	TIOLING FILE	Change	Addition	
				<del>_</del>			1.2 NAME			YIJAL	XIV GUO ROAD	POB	BOX .			
1	NAME STREET ADDRESS						1.3 STREET ADDRESS L			6 PSLL KUTT	920		32764			
	CITY-ST-ZIP			1			1.4 CITY-ST-ZIP			05	TEEN F4 NOZIP	OSTE	so re	J. 10.		
TIT				☐ DELETE			2.1 TITLE			SEC	TSEN GA NOZIP		Change	Addition		
NA	IAME					2.2 NAME		ハック	6 PELL ROAD	MO BO	X 925	277/4				
STI	REET ADDRESS							2.3 STREE	ΞTΑ	ADDRESS .	OCT!	cenfl	<i>USI</i> €1		_	
СП	ry-st-zip							2. 4 CITY-	ŞT-	-ZIP	031	NO MAIL DELIVERY				
TIT	LE			☐ DELETE		3.1 TITLE						☐ Change	☐ Addition			
NAME					3.2 N			3.2 NAME								
STREET ADDRESS						3.3 \$1			STREET ADDRESS							
СП	711 CT ZII							3.4. CITY-	_	-ZIP				Charge	Addition	
TITLE						∐ DELETE	DELETE 41 TI							☐ Change	C) Addition	
NA	ME							4. 2 NAME								
ST	REET ADDRESS							4.3 STREE		i i						
CIT	TY-ST-ZIP	i						4.4 CITY-3	ST-	ZIP						

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

Change

☐ Change

☐ Addition

Addition