PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000085344

1. Corporation Name

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90016 026 ***150.00

WETMAN	N ENTERPRISES, INC.							
Principal Plac	e of Business	Mailing Address			I INNIFER IIN ININI INII ANII ANII	# 		1011 3:01 1001
1249 JOURNEYS END LANE 1249 JOURNEYS END LANE								
JACKSONVILLE FL 32223 JACKSONVILLE FL 32223					DO NOT WRIT	re ini Tulio :	SDACE	
					3. Date Incorporated or Qualifed	E IN THIS	SFACE	
					10/05/1998			1
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
21 21	Maca of Difamesa	26			59-3544737	T .	<u> </u>	Applicable
Suite, Apt.	Suite, Apt. #, etc.	φt. #, etc.		- 0.0% 1.0001.00==============================		\$8.75 A	dditional	
22		27		5. Certifcate of Status Desired		Fee Re	quired	
City & State City & State			ite		6. Election Campaign Financing	_	\$5.00	May Be
23				<u> </u>	Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the curr	ent year Inta	angible	⊠ No
24	25		30		Personal Property Tax. 10. Name and Address of New F	la mintaga d		MINO
	9. Name and Address of Currer	nt Registered Agent		Name	10. Name and Address of New P	(egistereu)	- yent	
PDE.	W, George K esq.)`					
233 E. BAY ST., SUITE 1020				Street Addr	ress (P.O. Box Number is Not Accepta	ible)		
JACKSONVILLE FL 32202				33				
UAC	NOONNEED I E GEEGE			_				
			8	City		FL	85 Zip C	Code
44	to the manipians of Castions 507 050	2 and 607 1508 Florida Statute	s the ahr	ve-named com	oration submits this statement for the	nurnosa of	changing its	registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was au	ithorizea i	ov tne corporation	on's board of directors. I hereby accep	ot the appoir	nment as reç	jistered
SIGNATURE	Signature, typed or printed name of registered age		Registered A	gent signature require		DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO ☐ Change	RS IN 12 Addition
<i>TITLE</i>	0	□ DELETE 1.1π		1			☐ Onalige	☐ Municipal (
NAME	7721101CH, 11010C		1.2 NAM					
STREET ADDRESS				EET AODRESS				}
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STREET ADDRESS				Y-ST-ZIP	•			
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STREET ADORESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL	E			☐ Change	☐ Addition
NAME			5.2 NAM	E				
STREET ADDRESS	8		5.3 STR	EET ADDRESS				
CITY-ST-ZIP	<u> </u>			'-ST-ZIP			 -	
TITLE		☐ DELETE	6.1 TITL				☐ Change	Addition
NAME			6.2 NAM					
STREET ADDRESS	.1		6.3 STR	EET ADORESS				i

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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE: