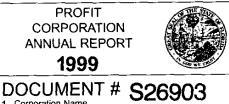
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

WS INVESTMENTS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90235 002 ***150.00

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Principal Place of Business Mailing Address						1 (40)(41) (14) (14)	Matt alsu alsu an		
P.O. BOX 5147 CLEARWATER FL 34618		P.O. BOX 5147 CLEARWATER FL 34618				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 01/23/1991			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26			=	59-3046611		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	├-¬			5. Certificate of Status Desired	e of Status Desired Fee Required		
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zíp		ıntry		8. This corporation owes the current year			
337	58 25	<u> 29 33758 </u>	30			Personal Property Tax:	☐ Yes	□No	
Name and Address of Current Registered Agent						10. Name and Address of New Registe	ered Agent		
. 501	WED DEDILLED !			81	Name			l	
LECHNER, BERNARD J 1243 LAKEVIEW ROAD CLEARWATER FL 34616				82	Street Addres	ss (P.O. Box Number is Not Acceptable) Range Road			
CLEA	ARWATER FL 34616			83					
				1-1				in Cada	
				84	City Clea	arwater	FL 85 3	7 ip Code 3 7 6 5	
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with and accept the obligations of the	of Horida. Such change was	autnorizeo Iorida Stati	utes.	ne corporation	ration submits this statement for the purpon's board of directors. I hereby accept the statement	se of changing appointment as	its registered registered	
SIGNATURE	Signature, head or printed name of registered age	nt and title if applicable. (NC	TE: Registered	Agent	signature required	when reinstating) DA	TE /		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	PD	☐ D€LETE	, 1.1 Tr	TLE			☐ Chan	nge 🗌 Addition	
NAME	WIGHTMAN, W S JR.	1.2 N/		AME	Ì				
STREET ADDRESS	1402 DELLWOOD ROAD		1.3 \$7	TREETA	ADDRESS				
CITY-ST-ZIP	WAYNESVILE NC 28786		1.4 CF		ZIP				
ππε	STD	☐ DELETE	2.1 77	TR.E	{		☐ Chan	ige 🗍 Addition	
NAME	Wightman, Marylyn		2.2 N/	AME		·			
STREET ADDRESS	1402 DELLWOOD ROAD		2.3 81	TREET	ADDRESS			!	
CITY-ST-ZIP	WAYNESVILE NC 28786		2.4 C	CITY-ST	ZIP				
TITLE	(VD "	☐ OELETE	3.1 11	ITLE			☐ Chan	ige	
NAME	WIGHTMAN, W S		3.2 N	AME	}				
STREET ADDRESS	386 LAGUNE AVENUE		3.3 \$7	TREET	ADDRESS				
CITY-ST-ZIP	KEY LARGO FL 33037			CITY-ST	ZIP		—————	ige	
TITLE		☐ DELETE	4.1 Tf		Ì		☐ Chan	ge [] Addition	
NAME			4.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		O DELETE		my-st-	ZIP		Char	nge Addition	
TITLE		☐ DELETE	5.1 TI 5.2 N				, LJ 51141	9	
NAME	}				ADDRESS				
STREET ADDRESS				TY-ST	1				
CITY-ST-ZIP		DELETE	6.1 TI		-45		Char	nge Addition	
TITLE			6.2 N				□ 0 41	g	
NAME	[ADDRESS				
STREET ADDRESS			0.3 3	INEE!	ALL/ACOS				

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 emplowered 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.

SIGNATURE:

305-451-0595