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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S28635

(8)

WHISLE	r enterprises, inc.							
Principal Plac	e of Business	Mailing Address				1844 BYDYN WIBIN BIGIN BYBYR BY		
6405 46TH AVE N ST PETERSBURG FL 33709		6405 46TH AVE N ST PETERSBURG FL 33708-	8405 46TH AVE N ST PETERSBURG FL 33709-3105					
					3. Date Incorporated or Qualified 01/31/1991	3a. Date of Last Re 03/18/1996	port	
2. Principal P 21	Place of Business	2a. Mailing Address			4. FEI Number 59-3046785		olied For Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	\$8.75 Additional Fee Regulred	
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be	
23 Zip	Country	28 Zip	Country		Trust Fund Contribution 8. This corporation has liability for i	Added to		
24	25	29	30		Florida Statutes	Yes No	199.032,	
	9. Name and Address of Curr	ent Registered Agent		T	10. Name and Address of New Me	ii≱tered Agent		
	SLER, RICHARD E.		81	Name	·			
7598 131 ST N SEMINOLE FL 34646			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
<u> </u>	mior i c ovovo		83					
			84	City		85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the abov	e-named corp	poration submits this statement for the ption's board of directors. I hereby accept		registered	
agent. Fa	registered agent, or doin, in the size am familiar with, and accept the ob	ligations of, Section 607.0505, Flo	rida Statute	y the corporal s.	tion's board of offectors, I hereby accep	t trie appointment as r	eAlstelen	
SIGNATURE.	Signature, typed or protectinanic of registered	agent and bile it applicable. (NOTE	Registered Ag	ent signature requi	red when rainstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
THILE	PD	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	WHISLER, RICHARD E 6405 46TH AVE N		1.2 NAME					
STREET ADDRESS	ST PETERSBURG FL		1	T ADDRESS				
CITY-ST-ZIP TITLE	ST DELETE		1.4 CITY - 2.1 TITLE	SI-ZIP		Change	Addition	
NAME	WHISLER, JANIE R		2.2 NAME				- Noutron	
STREET ADORESS	6405 46TH AVE N			T ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		2 4 CITY-ST-ZIP					
TITLE	٧	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	ROBERTSON, RONALD P		3.2 NAME					
STREET ADDRESS	6405 46TH AVE N		3.3 STAEE	F ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY -	ST-ZIP				
TITLE		L DELETE	4.1 TITLE			L Change	L.J. Addition	
NAV:			4. 2 NAME					
STREET ADDRESS				T ADORESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY -: 5.1 TITLE	SI-ZIP		☐ Change	Addition	
NAME			5.2 NAME				, , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS	İ		1	T ADDRESS				
CHTV+S1+7iP			5.4 CITY-					
TILLE		DELETE 6.1 T				Change	Addition	
NAME			6 2 NAME					
STREET ADDRESS			6 3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY -					
14. I do here information I am an o appears	by certify that the information supp on indicated on this annual report of afficer or director of the corporation in Block 12 or Block 12% changled	fied with this filing does not qualify or supplemental annual report is tri- or the fedeiver or trustee erroow or on an attachment with an add	y for the exi ue and acc ered to exe hess.	emption stated urate and that oute this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S LKRD WHISLER	s. I further certify that to leffect as if made und tatutes; and that my na	he er oath; that	

RICHARD