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 # **\$28635**

1. Corporation Name

WHISI FR ENTERPRISES INC.

WINOLL	iii Livieiii iiioco, iivo						
Principal Plac	ce of Business	Mailing Address				918() BIBH 918() 9	
6405 46TH AVE N 6405 46TH AVE N							
ST PETERSBURG FL 33709 ST PETERSBURG FL 33709							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/31/1991		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21 26		26			59-3046785	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	#, etc.		5. Certificate of Status Desired	\$8.75	Additional
22 _ ~		27			5. Certificate of Status Desired	Fee.Re	quired
City & State City		City & State	ity & State		6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added t	to Fees
Zip Country Zip		Country		8. This corporation owes the current year I		_	
24 25 29 30			30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent		1	10. Name and Address of New Registere	d Agent	
WHI	SLER, RICHARD E.		81	Name			
7598 131 ST N			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
SEMINOLE FL 34646							
OLIV	MITOLE I E 31010		83				1
			84	City		85 Zip 0	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					F		
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ag	A CONTRACTOR OF THE CONTRACTOR	Distered A	nt signature required	when reinstating) DATE		
12.		ND DIRECTORS	13.	it signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		ADDITIONO/OFFANGED TO OFFICE AD	☐ Change	Addition
NAME	WHISLER, RICHARD E		1.2 NAME		•	_ ,	_]
STREET ADDRESS			1.3 STREET	r ADDDECC			. [
	CT DETEROPHING EL		1.4 CITY-S				
TITLE .	ST			1-21		☐ Change	Addition
NAME	WILLIAM FR. MANUE D.		2.2 NAME				
	CARE ACTUANT N		4				
STREET ADDRESS	OT DETEROPHING FL.		2.3 STREET	==	<u> </u>	=	=:-:-:================================
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	II-ZIP		☐ Change	Addition
TITLE	DODERTOON DONALD D			- 1			
NAME	OACE ACTULANCE N		3.2 NAME	4000C00	•		
STREET ADDRESS	ST PETERSBURG FL		3.3 STREET	i			
CITY-ST-ZIP TITLE			3.4. CITY-S 4.1 TITLE	1-212	, , , , , , , , , , , , , , , , , , , ,	Change	Addition
NAME					•	L_1 onlinge	
			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		☐ DELETE	4.4 CITY+ST 5.1 TITLE	1-ZIP	*	Change	Addition
TITLE		□ perese	5.1 TITLE 5.2 NAME			C Augusta	L FIGUROII
NAME			5.3 STREET	ADDRESS	•		
STREET ADDRESS			5.4 CITY-ST				
TITLE		☐ DELETE	6.1 TITLE	1-41		Change	Addition
	1						
NAME	1		6.2 NAME			Claile	

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 attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

1-27-99 127.541-3230

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90124 026 ***150.00