

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **S47674**

(4)

1. Corporation Name

WHAT'S WHAT? INC.

5 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4051 W ATLANTIC AVE
DELRAY BEACH FL 33445**

Mailing Address

**4051 W ATLANTIC AVE
DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1991

3a. Date of Last Report

03/01/1994

4. FEI Number

65-0264169

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 194.032
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. # etc.

Suite, Apt. # etc.

22

27

City & State

City & State

23

28

Zip

Zip

24

29

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRINSON, LORRAINE
4051 W ATLANTIC AVE
DELRAY BEACH FL 33445**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.01(1) and 607.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am further willing to accept the obligations of Section 607.01(2)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge (Print Name)

Signature of Person Authorized to Register or Operate (Print Name)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VPD
2. NAME	BRINSON, LORRAINE
3. STREET ADDRESS	611-8 NE 12 TER
4. CITY, ST, ZIP	BOYNTON BEACH FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lorraine Brinson* Pres. LORRAINE BRINSON 5-6-95 407-499-4431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR