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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S49761

WENNIN BROS., I, CORP.

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90008 002 ***158.75

Principal Place of Business 10825 NW 33 STREET MIAMI FL 33172 MIAMI FL 33172 MIAMI FL 33172 MIAMI FL 33172						
				DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IIS SPACE	
2. Principal Place o	f Business			05/03/1991	•	
21		2a. Mailing Address		4. FEI Number	 -	
Suite, Apt. #, etc.		Suito And #		65-0263662	F-F	ed For
22		Suite, Apt. #, etc.				\pplicat
City & State		City & State		5. Certifcate of Status Desired	\$8.75 Add	ditional
23	_	28		6. Election Campaign Financing	\$5.00 M	
Zip	Country	Zip	Country	Trust Fund Contribution	Added to F	ees By Be
4	25	29	30	8. This corporation owes the current year In	ntangible	
9. 1	lame and Address of Curr	rent Registered Agent		Personal Property Tax.		No
WENNIN, R	NIDOLE		81 Name	10. Name and Address of New Registered	d Agent	
10825 NW	33 STREET					
MIAMI FL 3	3172		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	V112		83			<u> </u>
			<u> </u>			5 . For 18 4
1 Purcuant to the			84 City		85 Zin Code	<u> </u>
office or registere	rovisions of Sections 607.05 d agent, or both, in the State	002 and 607.1508, Florida Stat	utes, the above-named cor	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint		-
agent. I am familia	ar with, and accept the oblig	e of Flórida. Such change was pations of, Section 607.0505, F	authorized by the corporat	tion's board of directors. I hereby accept the purpose of	changing its regi	stered
IGNATURE		•	ionua statutes.	accept the appoi	mment as registe	red
IGNATURE Signature,	typed or printed name of registered ag	ent and title if applicable. (NO)	The state of the s	9/ When rejected		red
IGNATURE Signature.	typed or printed name of registered ag	ent and title if applicable. (NOT ND DIRECTORS	E: Registered Agent signature require	ed when reinstating) DATE		rea
IGNATURE Signature, 2. LE D	typed or printed name of registered age OFFICERS A	ent and title if applicable. (NO)	E: Registered Agent signature require	9/ When rejected	ID DIRECTORS I	 N 12
IGNATURE Signature. 2. LE D WENN	opped or printed name of registered age OFFICERS AI	ent and title if applicable. (NOT ND DIRECTORS	E: Registered Agent signature require	ed when reinstating) DATE	ID DIRECTORS I	 N 12
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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 supplied ental 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 effect 12 or Block 13 if changed, er of an attachment with an address, with all other like empowered.

SIGNATURE: _

(205) 591-4032