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

**CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 04, 1999 8:00 am Secretary of State 05-04-1999 90119 024 \*\*\*150.00

DOCUMENT	#	S75921
1. Corporation Name		<b>U. UUL.</b>

WBD AC	CCOUNTING, INC.					1 10011012 117 10011 11711 11711		1832 <b>818</b> 33 <b>8</b> 3831 1	
10001 NW 507 SUITE 204 SUNRISE FL 3	• •	Mailing Address 10001 NW 50TH ST SUITE 204 SUNRISE FL 33351				DO NOT WR	ITE IN THIS		
US		U\$ 				3. Date Incorporated or Qualifed 08/27/1991	l 		
2. Principal F	Place of Business	2a, Mailing Address 26				4. FEI Number 65-0269975		<u> </u>	oplied For ot Applicable
Suite, Apt	. #, etc	Suite, Apt. #, etc.			_	5. Certifcate of Status Desired		\$8.75 A	
City & Sta	te	City & State				Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> Added t	
Zip	Country 25	Zip 29	Cour	ntry		This corporation owes the cur     Personal Property Tax.	rent year Inta		□No
-	9. Name and Address of Curre	<del></del>	130			10. Name and Address of New	Registered		
GASS, DANIEL G. 10001 NW 50TH ST				ame treet Addre	ess (P.O. Box Number is Not Accept				
	TE 204 IRISE FL 33351		1	83	<del>.</del>	70.		<del></del>	
00111102 12 00001		}	84 C	ity		FL	85 Zip 0	Code	
11. Pursuant office or t	to the provisions of Sections 607.05( registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a tions of Section 607.0505. Flori	es, the ab uthorized	ove-na	med corpo corporation	oration submits this statement for the n's board of directors. I hereby acce	purpose of option	changing its itment as req	registered gistered
SIGNATURE						when reinstating)	DATE		
12.		ID DIRECTORS		york sign	MILLIE TEQUIEU			D DIDECTO	DC 111 40
TITLE	P	DELETE	13.			ADDITIONS/CHANGES TO OF	PICERS AN	☐ Change	Addition
	'	□ OEEE1E				·		☐: Criange	Addition
NAME	GASS, DANIEL G		1.2 NA	Æ					Ì
STREET ADDRESS	9251 NW 45TH ST		1.3 STF	EET ADD	ress				
CITY-ST-ZIP	SUNRISE FL		1.4 CIT	Y-ST-21P	1				}
TITLE NAME	GASS, ROBERT E	☐ DELETE	2.1 TITU 2.2 NAM					Change	☐ Addition
STREET ADDRESS	6091A BUCKEYE CT			EET ADD	DE CC				
	TAMARAC FL		1		1	•			
TITLE	Transfer C	☐ DELETE		Y-ST-ZIP	<u>'</u>			Change	Addition
NAME			3.1 TIFL 3.2 NAA					Change	Addition
STREET ADDRESS			3.3 STR	EET ADD	RESS				
CITY-ST-ZIP		DELETE	_	Y-ST-ZIP	<u> </u>				
NAME		☐ DELETE	4.1 TTL					☐ Change	☐ Addition
			4.2 NA						Ĭ
STREET ADDRESS				EET ADD	RESS				1
CITY-ST-ZIP			_	-ST-ZIP	<del></del>				
TITLE NAME		☐ <b>DE</b> LETE	5.1 TITL 5.2 NAM			,		Change	☐ Addition
			1	'- EET ADOI	JE99				
STREET ADDRESS	}		1		£33 [				
CITY-ST-ZIP	·	C DELETE	_	-ST-ZIP					
TITLE -	·	☐ DELETE	6.1 TITL					☐ Change	☐ Addition
NAME			6.2 NAM						1
STREET ADDRESS	•			EET ADD	RESS				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	ł				

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