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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S87847

(7)

WOSK, INC.

Principal Place of Business

(1

Mailing Address

FILED
May 06 1997 8:00am
Secretary of State

I DI NE BERKE KOOK GEDEL DIGIN	. 01311 61611 61811 61811 1881

1332 QUAIL DR SARASOTA FL				SAR	: Quail Drive Asota fl 34231-355	8								
US				US			3. Date Incorporated or Qualified 10/17/1991	oualified 3a. Date of Last Report 05/01/1996						
2. Principal Pl	lace of Busino)\$S	T	2a. Mailing Address				4. FEI Number	Applied For					
21		- h	26				65-0291925				Applicable			
Suite, Apt. #, etc.			Sulte, Apt #, etc.						\$8.	75 A	dditional			
22		2	27	7				5. Certificate of Status Desired		Fe	e Re	quired		
City & State	е		:	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
Zip		Country		Zip Cpuntry				8. This corporation has liability for intangible tax under s. 199.032,						
24	2	:5	[:	29	··]									
	9. Name a	ind Address o	Current Re	giste	ered Agent			,		10. Name and Address of New Re	gistered A	gent		
VAN	WINKLE, MA	ARY E ESQ					B1	Name						
	BEE RIDGE						82	Street	Addre	ss (P.O. Box Number is Not Acceptal	blej			
	E 202							0.100	, touib	is the box trained is tract to capital	0.0,			
	SARASOTA FL 34233				83									
		84 City FL 85 Zip Code					Code							
11. Pursuant	to the provision	ne of Sections	607 0502 an	d 60	7 1508 Florida Steli	ites th	e abov	a-namo	deorne	pration submits this statement for the		chang	ing its	registered
office or re	enistered and	int or both in L	he State of F	Inrid:	a. Such change was Section 607.0505, F	: author	rized by	the co	rporatio	on's board of directors. I hereby acce	pt the app	ointmer	nt as r	egistered
SIGNATURE	Signature, typed o	r printed namo ol reg	jistered agent an	d tille ll	applicable. (NO	01E - Ftegis	stored Age	nt signatu	re requirer	d when reinstating)	DATE			
12.		OFFIC	ERS AND DI	IRLC.			13.		1.5	ADDITIONS/CHANGES TO OFFI				
TITLE	D				☐ DELE1E	_ [¹	1.1 TITLE		U	anilya R Cantunion	4	Cha	nge	L Addition
NAME	THOMAS,					1	I.2 NAME		WE	SULLAN K COUNCIL	'1			
STREET ADDRESS	1332 QUIA					Į į	I.3 STREET	ADDRESS	133	39 CHURIC OF	_			
CITY-ST-ZIP	SARASOTA	A FL				1	1.4 _, Cl1Y-5	1 - ZIP	22	masola, FL 3	-1931-			
TITLE					☐ DELE1E	7	2.1 TITLE		'	,	•	Cha	nge	L_ Addition
Name	1			22 NAME			1							
STREET ADDRESS				2.3 STREFT ADDRESS										
CITY-ST-ZIP				2 4 CITY - S1 - ZIP			<u> </u>							
TITLE				DELFTE 31 TITLE						☐ Cha	nge	Addition		
NAME		32 NAM				3 2 NAME								
STREET ADDRESS						3	3.3 STREET	ADDRESS						
CITY-ST-ZIP						3	3.4, CITY -	ST-7IP						
TITLE					☐ DELETÉ	4	4.1 TITLE					D Cha	inge	Addition
NAME						4	1. Ž NAME							
STREET ADDRESS						- 1	4.3 STREET	ADDRESS						
CITY-ST-ZIP						4	4.4 _, C(TY - 9	T- ZIP						
TITLE					DELETE		5.1 TITLE					Cha	inge	Addition
NAME]						5.2-NAME		1					
STREET ADDRESS	1						5.3 STREET	ADDRESS						
CITY-ST-ZIP						f	5.4]CITY-5	31 - ZIP	1					
TITLE					DELETE		6.1 TITLE					Cha	ange	Addition
NAME	1						6.2 NAME							
STREET ADDRESS							6.3;\$1REF1	AODRESS						
CITY-ST-2IP							64[CITY-5	ST-ZIP		-				
14. I do heret	by certify that	the information	supplied wi	th thi	s filing does not qua	ulify for	the exe	mplion	stated	in Section 119.07(3)(i), Florida Statute	es. I further	certify	that t	he lor onthe the
i inormatio I am an o appears i	officer or direction Block 12 or	tor of the corpo	ration or supportation or the anged, or on	rece agent	intal annual report is siver or trustice empo tachment with an ac	wered ddress	to exec	urate ar outo this	report	my signature shall have the same leg as required by Chapter 607, Florida	Statutes; a	ii mad nd that	my n	ame