PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90018 026 ***158.75

DOCL	JMENT	# 90	00677
		\mathbf{n}	4MD//

1. Corporation Name

303 SW 27TH AVE
FT LAUDERDALE FL 33312
US

THOM WIL, INC.								
Principal Place of Business Mailing Address				elelf Effit elelt Siert elent feet				
303 SW 27TH AVE 2951 SW 14 ST FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 US				DO NOT WRITE IN THI	S SPACE			
					3. Date Incorporated or Qualifed 12/12/1991			
2. Principal Place of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number	Applied For		
:1	26	26			65-0300659	Not Applicable		
Suite, Apt. #, etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City &:St	ate			6. Election Campaign Financing	\$5:00 May Be		
3	28				Trust Fund Contribution	Added to Fees		
Zip Country	Zip	Cou	ntry		8. This corporation owes the current year li	ntangible		
25	29	30			Personal Property Tax.	☐ Yes ☐ No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	<u> </u>		81	Name				
Wilhelm, Thomas 2951 SW 14 ST			82	Street Addres	eet Address (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 3331	2		83					
			84	City	F			
 Pursuant to the provisions of Secti office or registered agent, or both, agent. I am familiar with, and acce 	in the State of Florida. Such c	hande was authorized	DV.	the corporation	ration submits this statement for the purpose on a board of directors. I hereby accept the appoint the appointment of the control of the cont	of changing its registered pintment as registered		

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Pa	gistered Agent signature require	d when reinstating)	DATE	
12.	Signature, typed or printed name of registered agent and due if applicable OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	SDPT	DELETE	1.1 TITLE		☐ Change	Addition
		C 55	1.2 NAME			
NAME	WILHELM, THOMAS		1.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL	\$7 DELETE	1.4 CITY-ST-ZIP		Change	Addition
πLE	ł	DELETE	2.1 TITLE		Griange	☐ Addition
NAME	PRATT, RICHARD		2.2 NAME			
STREET ADDRESS	2931 SW 14 ST		2.3 STREET ADDRESS			
CITY-ST-ZiP	FT LAUDERDALE FL		2. 4 CITY-ST-ZIP			
-TITLE: = =====	-VP	DELETE	3.1-TITLE			Addition
NAME	WALTER, HOWARD		3.2 NAME			
STREET ADDRESS	3221 ROOSEVELT ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.4. CITY-ST-ZIP		·	
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 C/TY-ST-Z/P			
TITLE		□ DELETE	6.1 TITLE		☐ Change	Addition Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY OT 710]		6.4 CITY-ST-ZIP			

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 attachment with an address, with all other like empowered.

SIGNATURE: