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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90023 037 ***150.00

DOCUMENT # V15428

W.D.C. ENTERPRISES, INC.

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Principal Place of Business	Mailing Address			I CARL GIVEN; HEN SINI BINIS HEN IN SINI	******	
7027 W BROWARD BLVD	7027 W BROWARD BLVD					
SUITE 263 SUITE 263				DO NOT HIBITE IN THE	2.004.05	
PLANTATION FL 33317 PLANTATION FL 33317				DO NOT WRITE IN THIS	SSPACE	
				3. Date Incorporated or Qualifed		
	T			02/20/1992		.6.45
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	- 	plied For
21	26			65-0312587	\$8.75	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	
22	City & State					
City & State	├ ┐			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip Country	Zip	Country	,	This corporation owes the current year from the current year.		01000
—, · ——	├ ── '	30		Personal Property Tax.	Yes	Mo
24 25 9. Name and Address of Current		30		10. Name and Address of New Registered		-M
9. Name and Address of Culterit	Registered Agent	81	Name	To. Harry and Harry		
COPELAND, WILLIAM D.						
7027 W BROWARD BLVD		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
SUITE 263		83				
PLANTATION FL 33317		00	İ			
S S S S S S S S S S S S S S S S S S S		84	City	F	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502						rogistorod
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was au	ithorized by	the corpora	tion's board of directors. I hereby accept the appoint	ointment as re	gistered
SIGNATURE						
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ager	nt signature requ	ired when reinstating) DATE		
Signature, typed or printed name of registered agent 12. OFFICERS AND	DIRECTORS	13.	nt signature requ	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
Signature; typed or printed name of registered agent 12. OFFICERS AND TITLE D		13. 1,1 TITLE	nt signature requ	3/	ND DIRECTO	PRS IN 12 ☐ Addition
Signature; typed or printed name of registered agent 12. OFFICERS AND TITLE D COPELAND, W.D.	D DIRECTORS	13.	nt signature requ	3/		
12. OFFICERS AND TITLE D NAME COPELAND, W.D. STREET ADDRESS 7027 W BROWARD BLVD #263	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature requ	3/		
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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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FFICER OR DIRECTOR