

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:06

DOCUMENT # **J53357** (6)

1. Corporation Name  
**THE 5000 CORP.**

Principal Place of Business Mailing Address  
**% EDWARD B. COHEN**  
**1800 CORPORATE BLVD NW 300**  
**BOCA RATON FL 33481**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/16/1987** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
**21 54 S.W. Boca Raton Blvd.** **26 54 S.W. Boca Raton Blvd.**

4. FEI Number **98-0081108** Applied For  
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State **Boca Raton, FL** 28 City & State **Boca Raton, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **33432** 25 County **Palm Beach** 29 Zip **33432** 30 County **Palm Beach**

9. This corporation files liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**COHEN, EDWARD B.**  
**1800 CORPORATE BLVD NW 300**  
**BOCA RATON FL 33481**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**54 S.W. Boca Raton Blvd.**  
B3  
B4 City **Boca Raton** FL B5 Zip Code **33432**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Type or print name of registered agent and title if applicable) NOTE: Registered Agent signature required when registering. DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CLEMENTS, NORMAN
STREET ADDRESS	1800 CORPORATE BLVD NW 300
CITY ST ZIP	BOCA RATON FL
TITLE	VPD
NAME	FAULKNER, NORMAN
STREET ADDRESS	1800 CORPORATE BLVD NW 300
CITY ST ZIP	BOCA RATON FL
TITLE	STD
NAME	PETEPICIE, WILLIAM
STREET ADDRESS	48 BECKWITH ROAD.
CITY ST ZIP	OTTAWA, ONTARIO CANADA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>54 S.W. Boca Raton Blvd.</b>
1.4 CITY ST ZIP	<b>Boca Raton, FL 33432</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>54 S.W. Boca Raton Blvd.</b>
2.4 CITY ST ZIP	<b>Boca Raton, FL 33432</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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; that 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 checked for or without agreement with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 9, 1995  
Date

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

SECRET FILED  
 DIVISION OF STATE  
 N

**DOCUMENT # J54363 (3)**

1. Corporation Name

**W. O. M., INC.**

Principal Place of Business

1499 SW 30TH AVE STE 16  
 BOYNTON BEACH FL 33426

Mailing Address

1499 SW 30TH AVE STE 16  
 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/29/1987** 3a. Date of Last Report **02/21/1994**

2. Principal Place of Business  
 21 **1499 SW 30th Ave Sp. 16**

2a. Mailing Address  
 26 **1499 SW Ave**

4. FEI Number **59-2771273** Applied For  Not Applicable

Suite, Apt. #, etc.  
 22 **Suite 14**

Suite, Apt. #, etc.  
 27 **Suite 16**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
 23 **Boynton Bch, FL**

City & State  
 28 **Boynton Bch, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip  
 24 **33426**

County  
 25 **Palm Bch**

Zip  
 29 **33426**

County  
 30 **Palm Bch**

8. The corporation has liability for intangible tax under s. 193.002, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**MACKEY, DAVID E.**  
**1499 SW 30TH AVE STE 16**  
**BOYNTON BEACH FL 33426**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>MACKEY, DAVID E.</b>
STREET ADDRESS	<b>1499 SW 30 AVE STE 16</b>
CITY ST ZIP	<b>BOYNTON BCH FL</b>
TITLE	<b>STD</b>
NAME	<b>MACKEY, DAVID E. III</b>
STREET ADDRESS	<b>1499 SW 30 AVE STE 16</b>
CITY ST ZIP	<b>BOYNTON BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS (If 1)	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

**SIGNATURE:** *David S. Mackey, Pres.* **6/14/93** **738-7576**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Keyline (Phone #)

CR2E034 (3/95)