

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90019 001 *2,550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000005376

1. Corporation Name
WCC MERGER CORPORATION



Principal Place of Business PO BOX 2273 ORLANDO FL 32802	Mailing Address PO BOX 2273 ORLANDO FL 32802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/25/1998	4. FEI Number 58-2409339	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAYE, CHARLES G JR	1.2 NAME	
STREET ADDRESS	923 BROAD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA 30901	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, A. S JR	2.2 NAME	
STREET ADDRESS	923 BROAD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA 30901	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEPF, J. S	3.2 NAME	
STREET ADDRESS	923 BROAD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA 30901	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTERFIELD, BENJAMIN	4.2 NAME	
STREET ADDRESS	923 BROAD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA 30901	4.4 CITY-ST-ZIP	
TITLE	ASAT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JAY	5.2 NAME	
STREET ADDRESS	923 BROAD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA 30901	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attached list with an address, with all other like empowered.

SIGNATURE: _____ Date _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 (407) 841-4955
 Daytime Phone #

CR2E034 (11/98)