

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J46851** (8)

1. Corporation Name  
**WAM CORPORATION OF AMERICA**



Principal Place of Business: **2650 PLEASANTDALE RD., SUITE 15 ATLANTA GA 30340**  
Mailing Address: **2650 PLEASANTDALE RD., SUITE 15 ATLANTA GA 30340**

3. Date Incorporated or Qualified: **12/09/1986**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2780853**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**BERGONZINI, ORLANDO  
2337 S.W. ARCHER ROAD  
GAINESVILLE FL 32808**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARCHSINI, WAINER	
STREET ADDRESS	VIA CAVOUR N. 338	
CITY-ST-ZIP	CAVEZZO, ITALY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VACCARI, LAURO	
STREET ADDRESS	VIA OLANDO N. 86	
CITY-ST-ZIP	MODENA, ITALY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCHESINI, ADRIANO	
STREET ADDRESS	VIA CAVOUR N. 338	
CITY-ST-ZIP	MODENA, ITALY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERGONZINI, ORLANDO	
STREET ADDRESS	2373-110 S.W. ARCHER RD	→
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD BERGONZINI, ORLANDO
4.3 STREET ADDRESS	205 CHERRY HILL CIRCLE
4.4 CITY-ST-ZIP	LONGWOOD, FL-32779
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 119.07(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: \_\_\_\_\_ DATE: **2/2/96** (770) 446-3429

CR2E034 (12/95)