

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

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FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J46851** (8)  
1. Corporation Name  
**WAM CORPORATION OF AMERICA**



Principal Place of Business <b>2650 PLEASANTDALE RD., SUITE 15 ATLANTA GA 30340</b>	Mailing Address <b>2650 PLEASANTDALE RD., SUITE 15 ATLANTA GA 30340</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/09/1986</b>	
21 <b>75 Boulderbrook Circle</b>	26 <b>75 Boulderbrook Circle</b>	4. FEI Number <b>59-2780853</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>Lawrenceville, Ga.</b>	28 <b>Lawrenceville, Ga.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>30081</b>	25 <b>Guinette</b>	29 <b>30081</b>		30 <b>Guinette</b>	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

BERGONZINI, ORLANDO 205 CHERRY HILL CIR LONGWOOD FL 32779		81 Name	10. Name and Address of New Registered Agent		
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	<b>FL</b>	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCHSINI, WAINER</b>	1.2 NAME	
STREET ADDRESS	<b>VIA CAVOUR N. 338</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAVEZZO, ITALY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SGARBI, CLAUDIO</b>	2.2 NAME	
STREET ADDRESS	<b>VIA FORLANINI, 15</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAVEZZO IT</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCHESINI, ADRIANO</b>	3.2 NAME	
STREET ADDRESS	<b>VIA CAVOUR N. 338</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MODENA, ITALY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERGONZINI, ORLANDO</b>	4.2 NAME	
STREET ADDRESS	<b>205 CHERRY HILL CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAULKNER, DAN E</b>	5.2 NAME	
STREET ADDRESS	<b>3331 BIRCHWOOD TR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SNELLVILLE GA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALERNO, LUCA</b>	6.2 NAME	
STREET ADDRESS	<b>3561A PLEASANTBROOK VILLAGE LN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DORAVILLE GA</b>	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.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)