

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000261 (8)**  
1. Corporation Name  
**WAT FLORIDA DHAMMARAM, INC.**



Principal Place of Business <b>2421 OLD VINELAND ROAD KISSIMMEE FL 34746</b>	Mailing Address <b>2421 OLD VINELAND ROAD KISSIMMEE FL 34746-5837</b>
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3. Date Incorporated or Qualified <b>01/21/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3165299</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

**9. Name and Address of Current Registered Agent**

**CHANTARA, YOUTH  
4481 N. PINE HILLS RD.  
ORLANDO 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *YOUTH CHANTARA* (NOTE: Registered Agent signature required when reinstating) DATE **4-17-97**

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEEYING, PRAYONG	
STREET ADDRESS	4457 WINDERWOOD CIR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SUBLATANA, NARONG	
STREET ADDRESS	1456 MONTEGO LANE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOY	
STREET ADDRESS	132 HOLTZ DRIVE	
CITY-ST-ZIP	CASTLEBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REID, DAVID	
STREET ADDRESS	1809 E. LIGGINGS AVE.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	KRUAKAEW, PHRA S	
STREET ADDRESS	2421 OLD VINELAND RD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VEHMANEESRI, CHAVALIT	
STREET ADDRESS	515 PORTLAND CIRCLE	
CITY-ST-ZIP	APOPKA FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	CHAIRMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRUAKAEW, PHRA S	
1.3 STREET ADDRESS	2421 OLD VINELAND RD	
1.4 CITY-ST-ZIP	KISSIMMEE FL 34746	
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEEYING, PRAYONG	
2.3 STREET ADDRESS	4457 WINDERWOOD CIR.	
2.4 CITY-ST-ZIP	ORLANDO FL 32835	
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUBLATANA, NARONG	
3.3 STREET ADDRESS	1456 MONTEGO LANE	
3.4 CITY-ST-ZIP	ORLANDO FL 32807	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SIATRAGUL, PRAKIT	
4.3 STREET ADDRESS	423 E. ROSEWOOD LANE	
4.4 CITY-ST-ZIP	TAVARES FL 32778	
5.1 TITLE	sd	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VEHMANEESRI, CHAVALIT	
5.3 STREET ADDRESS	515 PORTLAND CIRCLE	
5.4 CITY-ST-ZIP	APOPKA FL 32703	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	REID, DAVID	
6.3 STREET ADDRESS	1609 E. LIGGINGS AVE.	
6.4 CITY-ST-ZIP	KISSIMMEE FL 34744	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sandra B. Mortham* 40-14-94 4092-394-8557

CR2E037 (9/96)