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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000261 (8)**

1. Corporation Name

WAT FLORIDA DHAMMARAM, INC.



Principal Place of Business 2421 OLD VINELAND ROAD KISSIMMEE FL 34746	Mailing Address 2421 OLD VINELAND ROAD KISSIMMEE FL 34746
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3. Date Incorporated or Qualified

01/21/1993

4. FEI Number

59-3165299

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHANTARA, YOUTH
4481 N. PINE HILLS RD.
ORLANDO FL 32808**

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

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	C	☐ DELETE
NAME	KRUAKAEW, PHRA S	
STREET ADDRESS	2421 OLD VINELAND RD	
CITY-ST-ZIP	KISSIMMEE FL	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	PD	☐ DELETE
NAME	DEEYING, PRAYOMG	
STREET ADDRESS	4457 WINDERWOOD CIR.	
CITY-ST-ZIP	ORLANDO FL	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	VD	☐ DELETE
NAME	SUBLATANA, NARONG	
STREET ADDRESS	1456 MONTEGO LANE	
CITY-ST-ZIP	ORLANDO FL	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	TD	☒ DELETE
NAME	SIATRAGUL, PRAKIT	
STREET ADDRESS	423 E. ROSEWOOD LANE	
CITY-ST-ZIP	RAVARES FL	

4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	TD
4.3 STREET ADDRESS	KESORN SAECHIM
4.4 CITY-ST-ZIP	2684 BLAOK OAK LANE KISSIMMEE FL

TITLE	SD	☐ DELETE
NAME	VEHMANEESRI, CHAVALT	
STREET ADDRESS	515 PORTLAND CIR.	
CITY-ST-ZIP	APOPKA FL	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	☒ DELETE
NAME	REID, DAVID	
STREET ADDRESS	1609 E. LIGGINS AVE.	
CITY-ST-ZIP	KISSIMMEE FL	

6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	(D) SIATRAGUL PRAKIT
6.3 STREET ADDRESS	423 E. ROSEWOOD LANE
6.4 CITY-ST-ZIP	RAVARES FL

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

SIGNATURE: *[Signature]* CHAIRMAN 5-13-98 (407) 397-9552.

CR2E037 (10/97)