


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

**FILED**  
**Jun 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **195000014494**  
 1. Corporation Name  
**Wayrich Incorporated**

Principal Place of Business Mailing Address  
**4224 N.W. 12 St.**  
**Lauderhill, Fl. 33313**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>4224 N.W. 12 St.</b>	26	<b>1994</b>	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
		<b>65-0564725</b>	Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<b>Lauderhill, Fl.</b>		<input type="checkbox"/>	
24 Zip	25 County	29 Zip	30 Country
<b>33313</b>	<b>Broward</b>		
6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>	
<input type="checkbox"/>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**Wayne Hammond**  
**4224 N.W. 12 St.**  
**Lauderhill, Fl. 33313**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 **Wayne Hammond** *f Wayne Hammond* DATE **4-12-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>Wayne Hammond</b>	<input type="checkbox"/> DELETE
NAME	<b>4224 N.W. 12 St. PRESIDENT</b>	
STREET ADDRESS	<b>Lauderhill, Fl. 33313</b>	
CITY-ST-ZIP		
TITLE	<b>RICHARD HAMMOND</b>	<input type="checkbox"/> DELETE
NAME	<b>VICE-PRESIDENT</b>	
STREET ADDRESS	<b>4224 N.W. 12 St.</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL. 33313</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>900002211739</b>
5.4 CITY-ST-ZIP	<b>-06/13/97--01057--009</b>
	<b>***165.00</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>es</b>
6.4 CITY-ST-ZIP	<b>6/10/97</b>

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

SIGNATURE: *f Wayne Hammond* **Wayne Hammond** **4-12-97** **1-954-520-2654**

CR2E034 (9/96)