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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067234 (1)

WAF-MESA, INC.

Principal Place of Business	
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FILED Jun 24 1997 8:00am Secretary of State



Principal Place of business					Mailing Address						•••••				
149 E. INTERNA DAYTONA BEA			149 E. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32118-4648					.							
										3. Date incorporated or Qualified 08/30/1995	3a. Date of Last Report 07/15/1996				
2. Principal Place of Business 2a. Mailing Address									··	4. FEI Number				plied For	7
21			:	26						59-3334485			No	t Applicable	,
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Additional					7	
22			27						5. Certificate of Status Desired	<u> </u>	Fe	e Re	quired		
City & State	e		City & State						Election Campaign Financing Trust Fund Contribution	g \$5.00 May Be Added to Fees					
Zip 24		Country 7:p Court 25 29 30						У		This corporation has liability for in Florida Statutes		tax uni	der s.	199.032,	
<u> </u>	gistered	d Agent	100	\top			10. Name and Address of New Registered Agent								
FINK	(WESLEY	Δ	·				81	1	Name			.=		.,	1
149	E. INTERNA	TIONAL SPE	EDWAY BL	VD.			82		Street Addre	ess (P.O. Box Number is Not Acceptabl	c)				-
DAY	TONA BEA	CH FL 32118					ļ.,	L			·				
							83	1							
1							84	-	City		FL	85	Zip (Code	1
11. Pursuant t	to the provision	ons of Sections	607.0502 an	d 607.15	508, Florida Stat	utes, the	abov	e-n	named corpo	oration submits this statement for the pe on's board of directors. Thereby accept		chang	ing its	registered	-
office or re agent. Lai	egistered age m familiar wit	ent, or both, in f h, and accept t	lhe State of F he obligation	lorida S is of, Sec	uch change was stion 607.0505, f	s authori Florida S	zed by tatute:	y th s.	ne corporatio	on's board of directors. I hereby accept	the appo	ointmei	nt as i	registered	
SIGNATURE		•	5												Ì
	Signature, typed	or printed name of reg				Olt Regist	cred Age	ent s	signature require	ed when reinstating)	DATE]
12.		OFFIC	ERS AND DI	RECTOF			3.			ADDITIONS/CHANGES TO OFFICE	ERS AND				_]3
TITLE	D				☐ DELETE	1.	1 TOLE					Cha	ange	☐ Addition	3
NAME	FINK, WE		A			- 1,	2 NAME								
STREET ADDRESS		ERNATIONAL		A BLAD).	1.	3 STREET	i adi	DRESS						إ
CITY-ST-ZIP	DAYTONA	BEACH FL	32118		The same	_	4 CITY - S	ST - 7	7IP						_ }
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NAME						- 4	2 NAME								
STREET ADDRESS						2	3 STREET	LAD	IDRESS						
CITY-ST-ZIP					Distric		4 CITY-	SI-	ZIP			T Ob		Addition	
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NAME						1	2 NAME		Ì						1
STREET ADDRESS							3 STREET								İ
CITY-ST-ZIP TITLE	·				DELFTE		4. CHY-: 1 Title	SI	ZIP			□ Cha	2000	Addition	\dashv
NAME					L., DOTTIC	1	2 NAME		1			ابان ر <u>ـــ</u>	nigi:	LJ AUGIDŪSI	1
									NDEW CD						
STREET ADDRESS							3 STRFET								
CITY-ST- Z IP					DELETE		CHY-S	51-7	(II)			Cha	anne	Addition	4
NAME					LJ VILCIL		2 NAME					018	yc	HOURIUR CL	
								T A D	noree						
STREET ADDRESS	1						STREET								
CITY-ST-ZIP TITLE					DELETE		4 CATY - S 1 THILE	01-2	all'			Cha	nne	Addition	+
NAME					Land Dittill		2 NAME					0/10	Ar	Floring (
								T ALDA	IDBECK						
STREET ADORESS							STREET								1
CITY-ST-ZIP	ov cartify that	the information	supplied wit	h this fili	ng does not gue	∎ δ. alify for t	1 CITY - S	51-7 2021	or ntion stated	in Section 119,07(3)(i), Florida Statutes	Lfurther	certify	that t	he	4
, 7, 1 GO HOIDE	e, commy mak	say and indication	a companion and		and the contract of the contra	~ IVI I	· · · · · · · · · · ·	~ 11	P. O. O. O. O. O. O.	Carrier Trop (ON), Honeu etatutes		- with	AT TOTAL		

ental annual report is frue and accurate and that my signature shall have the same legal effect as if made under eath; that ever or frustree enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name at chimon with an address. I am an officer or director of the corporappears in Block 12 or Block 13 if ch