

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

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Apr 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **494571** (3)  
1. Corporation Name  
**WEDDING TOWN U.S.A., INC.**



Principal Place of Business Mailing Address  
**1000-GRIFFIN RD. 5289 SW 95 AVE** **1000-GRIFFIN RD. 5289 SW 95 AVE**  
**COOPER CITY FL 33328** **COOPER CITY FL 33328**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/26/1976</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1657803</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	25	29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>PAUL, KEVIN DAVID</b> <b>5289 SW 95TH AVE</b> <b>COOPER CITY FL 33328</b>				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		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	VD	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PAUL, JOAN	1.2 NAME					
STREET ADDRESS	9070 NW 6 COURT	1.3 STREET ADDRESS					
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP					
TITLE	SVTP	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PAUL, KEVIN D	2.2 NAME					
STREET ADDRESS	5289 SW 95TH AVE	2.3 STREET ADDRESS					
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP					
TITLE	PD	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PAUL, DONALD J	3.2 NAME					
STREET ADDRESS	9070 NW 6 COURT	3.3 STREET ADDRESS					
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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, upon an attachment with an address.

SIGNATURE: X *Kevin David Paul* **KEVIN DAVID PAUL** **4/1/98** **X954680-5771**

CR2E034 (10/97)