

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

FILED  
Feb 04 1997 8:00am  
Secretary of State

DOCUMENT # 496100 (9)

1. Corporation Name  
WET N' WILD, INC.

Principal Place of Business  
6200 INTERNATIONAL DR.  
ORLANDO FL 32819

Mailing Address  
6200 INTERNATIONAL DR.  
ORLANDO FL 32819-8239

3. Date Incorporated or Qualified 02/08/1976  
3a. Date of Last Report 02/01/1996

4. FEI Number 59-1656769  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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 25 29 30  
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, MICHAEL D.  
6200 INTERNATIONAL DR  
ORLANDO FL 32819

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 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]*

Sign, type, or print name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME SCHULTZ, JAN  
STREET ADDRESS 2890 SUGARMAN CT  
CITY-ST-ZIP LA JOLLA CA

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

TITLE PDC ☐ DELETE  
NAME MILLAY, GEORGE M  
STREET ADDRESS 512 A EAST AVENUE J  
CITY-ST-ZIP GRAND PRAIRIE TX

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

TITLE D ☐ DELETE  
NAME HILLEBRECHT, ROBERT R.  
STREET ADDRESS ONE HATHAWAY LANE  
CITY-ST-ZIP WHITE PLAINS, NY.

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

TITLE D ☐ DELETE  
NAME CASEY, LARRY  
STREET ADDRESS 678 CATALINA RD.  
CITY-ST-ZIP FULLERTON CA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MILLAY, PATRICK  
STREET ADDRESS 1734 ASCENSION POINT DR  
CITY-ST-ZIP ARLINGTON TX

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

TITLE VTD ☐ DELETE  
NAME SHAWEN, JOHN  
STREET ADDRESS 504 GILTIN DR.  
CITY-ST-ZIP ARLINGTON TX

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)