

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1976	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1656769		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent BLACK, MICHAEL D. 6200 INTERNATIONAL DR ORLANDO FL 32819				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				FL	

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	D SCHULTZ, JAN	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2890 SUGARMAN CT	1.2 NAME	
STREET ADDRESS	LA JOLLA CA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PDC MILLAY, GEORGE M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	512 A EAST AVENUE J	2.2 NAME	
STREET ADDRESS	GRAND PRAIRIE TX	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HILLEBRECHT, ROBERT R.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE HATHAWAY LANE	3.2 NAME	
STREET ADDRESS	WHITE PLAINS, NY.	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D CASEY, LARRY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	678 CATALINA RD.	4.2 NAME	
STREET ADDRESS	FULLERSON CA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MILLAY, PATRICK	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1734 ASCENSION POINT DR	5.2 NAME	
STREET ADDRESS	ARLINGTON TX	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VTD SHAWEN, JOHN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	504 GILTIN DR.	6.2 NAME	
STREET ADDRESS	ARLINGTON TX	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, or on an attachment with an address.

SIGNATURE

John E. Shawen Exec. V.P.

1/24/98

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CR2E034 (10/97)