**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 496100**

Country

25

1. Corporation Name

City & State

Zip

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WET N' WILD, INC.

Principal Place of Business	Mailing Address				
6200 INTERNATIONAL DR. ORLANDO FL 32819	6200 INTERNATIONAL DR. ORLANDO FL 32819				
2. Principal Place of Business	2a. Mailing Address				
21	26				
0.7- 4-1-44-	Suite Ant # ete				

28

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Zip

City & State

**FILED** 

Secretary of State

03-10-1999 90094 045 \*\*\*150.00

Mar 10, 1999 8:00 am

DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution,

Personal Property Tax.

02/06/1976 4, FEI Number

59-1656769

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
			81	Name					
BLACK, MICHAEL D. 6200 INTERNATIONAL DR ORLANDO FL 32819			RO Charles Address (D.O. Poy Number in Not Accontable)						
			82 Street Address (P.O. Box Number is Not Acceptable)						
			83						
			84	City	FL	85 Zip Ce			
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 a	n familiar with, and accept the obligations of, Section 607.0505, F	Florida Statu	ites.		•				
SIGNATURE					·				
	organization, typod or printed industry		Agent	signature red	quired when reinstating) DATE	D DIDECTOR	0.151.40		
12.	OFFICERS AND DIRECTORS	13.		Т	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition		
TITLE	PDC DELETE	1.1 717	1.1 TITLE		D/C	Change	<b>E</b> AUGINON		
NAME	MILLAY, GEORGE M	1.2 NAM			Cathy A. Nichols				
STREET ADDRESS	512 A EAST AVENUE J	1.3 ST	REET	ADDRESS	14 Crest Road West				
CITY-ST-ZIP	GRAND PRAIRIE TX	1.4 CF	ry-st-	ZIP	Rolling Hills, CA 90274		74		
TITLE	D X DELETE	2.1 TIT	LΕ		D/SVP	Change	Addition		
NAME	HILLEBRECHT, ROBERT R. 22		ME		Karen Randall				
STREET ADDRESS	ONE HATHAWAY LANE	2.3 ST	REET	ADDRESS	106550 Oakdale Avenue				
CITY-ST-ZIP	WHITE PLAINS, NY.	2. 4 CI	TY-ST	-ZIP	Chatsworth, CA 91311				
TITLE	D DELETE	3 1 TR	ΠE	1	<b>D</b> ,	☐ Change	Addition		
NAME	CASEY. LARRY	3.2 NA	ME		William A. Sutman				
STREET ADDRESS			REET.	ADDRESS	2512 Peachwood Place				
CITY-ST-ZIP	FULLERGON CA	3.4. CI			Westlake Village, CA 9136	1			
TITLE	D S DELETE	4.1 717			EVP	☐ Change	Addition		
NAME	MILLAY, PATRICK	4, 2 N			Brian C. Mulligan				
	1734 ASCENSION POINT DR			ADDRESS	5203 La Canada Boulevard				
STREET ADDRESS	ARLINGTON TX				La Canada Flintridge, CA	91011			
CITY-\$1-ZIP	VTD SQ DELETE	51 TI	CITY-ST-ZIP		EVP	Change	Addition		
TITLE	710		NAME		Hellene S. Runtagh		_		
NAME	SHAWEN, JOHN			ADDRESS	P.O. Box 8509		i		
STREET ADDRESS	504 GILTIN DR.	5.4 CF		- 1	Universal City, CA 91608				
CITY-ST-ZIP	ARLINGTON TX	6.1 TIT		- 415	0	Change	X Addition		
TITLE	DELETE	6.2 NA			<b>S</b>	المارين وال			
NAME					Sharon S. Garcia				
STREET ADDRESS		6.3 ST	REET	ADDRESS	1703 La Senda Place				

Country

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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, with all other like empowered.

SIGNATURE:

2/23/99