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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 649858 (8)
1. Corporation Name
W. W. F. CORPORATION



Principal Place of Business Mailing Address
407 'C' STREET
PO BOX 2186
ST AUGUSTINE FL 32085-2186

2. Principal Place of Business 2a. Mailing Address
21 15 Willow Drive 26 15 Willow Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 St. Augustine Beach, Florida St. Augustine Beach, Florida
Zip Country Zip Country
24 32084-5918 25 USA 28 32084-5918 30 USA

3. Date Incorporated or Qualified 12/31/1979 3a. Date of Last Report 08/08/1996
4. FEI Number 59-1967825 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

9. Name and Address of Current Registered Agent
FAGUNDO, P. PAUL
407 'C' STREET
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent
81 Name FAGUNDO, P. PAUL
82 Street Address (P.O. Box Number is Not Acceptable)
83 15 Willow Drive
84 City St. Augustine Beach FL 85 Zip Code 32084-5918

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, 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 607.1505, Florida Statutes.

SIGNATURE *P. Paul Fagundo* P. Paul Fagundo DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	FAGUNDO, P. PAUL	1.2 NAME	Fagundo, P. Paul
STREET ADDRESS	407 'C' STREET	1.3 STREET ADDRESS	15 Willow Drive
CITY- ST- ZIP	ST AUGUSTINE FL	1.4 CITY- ST- ZIP	St. Augustine Beach, FL 32084-5918
TITLE	V	2.1 TITLE	
NAME	FELIX, SANDRA K.	2.2 NAME	
STREET ADDRESS	1 CASA COURT	2.3 STREET ADDRESS	
CITY- ST- ZIP	CENTRAL ISLIP, L.I.N.Y.	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: *P. Paul Fagundo* P. Paul Fagundo May 12, 1997 (904) 471-3114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0020141

CR2E034 (9/96)