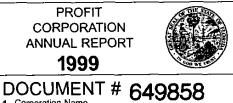
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90008 019 ***150.00

W. W. F.	CORPORATION										
Principal Place	e of Business	Mailing Address						01 1311 B18\$1 010	II 0) 0 11 0 10	,II B 18II	#1#11 1##I
15 WILLOW DR		15 WILLOW DR									
ST AUGUSTINE BCH FL 32084-5918 ST AUGUSTINE BCH FL 32084-5918						1			. .		
US US						_	DO NOT WRI	TE IN THIS S	SPACE		
						-	3. Date Incorporated or Qualifed				
	 	T					12/31/1979 4. FEI Number			Applie	ed For
Principal Place of Business 2a, Mailing Address				•			59-1967825		<u> </u>	 -	pplicable
21 Suite, Apt.	# 440	Suite, Apt. #, etc.	Suite Ant # etc								itional
22 Suite, Apt.	#, etc.	27	-			1-3	5. Certificate of Status Desired			Requi	
City & State City & State			 _			+	6. Election Campaign Financing		\$5.0)0 Ma	w Be 1
23		28)	Trust Fund Contribution			ed to F	
Zip	Country	Zip	Cou	ntry			B. This corporation owes the curr	ent year Inta	ngible		_
24	25	29	30			Ì	Personal Property Tax.		Yes	*	No
	9. Name and Address of Current					1	0. Name and Address of New F	Registered A	gent		
				81	Name						
FAGUNDO, P. PAUL				82	Street A	Address	(P.O. Box Number is Not Accepta	ible)			.
15 WILLOW DR							(, , , , , , , , , , , , , , , , , , ,				
ST A	JUGUSTINE BCH FL 32084			83							
				84	City				85 Z	ip Coc	de
				}]				FL]]	•	
	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligat	2 and 607.1508, Florida Statu of Florida, Such change was a ions of, Section 607.0505, Fk	tes, the a authorized orida Stati	bove by tutes.	e-named of the corpo	corporat oration's	on submits this statement for the board of directors. I hereby accep	ot the appoint	manging Iment as	regisi	tered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered	Agent	t signature re	equired whe	n reinstating)	DATE			
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE	P	☐ DELETE	1.1 TI	TLE	}				Chang	ge	Addition
NAME	FAGUNDO, P. PAUL		1.2 N/	ME							
STREET ADDRESS	15 WILLOW DR		1.3 \$1	REET	ADDRESS						
CITY-ST-ZIP	ST AUGUSTINE BCH FL		1.4 CI	TY-ST	r-ZIP						
TITLE	V	☐ DELETE 2.1		2.1 TITLE					Chang	је	Addition
NAME	FELIX, SANDRA K.		2.2 N	ME	ļ	ļ					
STREET ADDRESS			2.3 \$1	REET	ADDRESS	J					
CITY-ST-ZIP	CENTRAL ISLIP, LI,NY		. 2.4 C	ITY-S	T-ZIP"	2 -	· • · · · · · ·				
TITLE		☐ DELETE	3.1 TT		1				Chang	Эe	☐ Addition
NAME]		3.2 N/	AME	J						
STREET ADDRESS			3.3 \$7	REET	ADDRESS						
CITY-ST-ZIP		_	_	ITY-S	T- ZIP				[] Cha-		☐ Additi-
TITLE]	☐ DELETE	4.1 TI	-	ļ				Chan	Ae	☐ Addition
NAME			4.2N								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				TY-S1	T-ZIP	<u> </u>			T7 Cha-		Addition
TITLE		. DELETE	5.1 TI						Chan	ge	☐ Addition
NAME		- ,	5.2 N/								
STREET ADDRESS	· .		1		ADDRESS						
CITY-ST-ZIP				TY-SI	r-ZIP			_ 	F7 65		□ Addison
IIITĒ .	,	DELETE	6.1 TI	_	1				Chan	ye	Addition
NAME		•	6.2 N]	,				
STREET ADDRESS		•			ADDRESS	ļ					
0004 07 710	i		■ 64 CI	TY-\$1	T-7IP \$	1					

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

4/15/99

904-471-3114

Daytime Phone #