SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

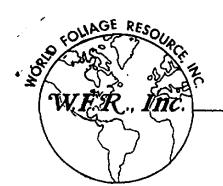
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

Jul 28 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CSRPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State . . . 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (4)W.F.R., INC. Principal Place of Business Mailing Address P. O. BOX 605 P. O. BOX 605 ZELLWOOD FL 32798 ZELLWOOD FL 32798 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/26/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 74-1088704 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROGERS, STELLA R. 29210 BEAUCLAIRE DR. 82 Street Address (P.O. Box Number is Not Acceptable) TAVARES FL 32778 83 84 City Zip Code 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 CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE Change Addition ROGERS, STELLA R. NAME 1.2 NAME 29210 BEAUCLAIRE DR. STREET ADDRESS 1.3 STREET ADDRESS TAVARES FL CITY-ST-ZIP 1.4 CiTY-ST-ZiP TITLE 2.1 TITLE DELETE Change Addition TEMBRAAK, RENE NAME 2.2 NAME 784 WOODCRAFT DR. STREET ADDRESS 2.3 STREET ADDRESS apopka fl CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ____ Addition TENBRAAK, INEZ NAME 3.2 NAME 784 WOODCRAFT DR. STREET ADDRESS 33 STREET ADDRESS APOPKA FL CITY-ST-ZIF 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition MCCONNELL, WM. STEPHEN NAME 4.2 NAME 1111 N WESTSHORE BLV 115 STREET ADDRESS 4.3 STREET ADDRESS tampa fl 4.4 CITY-ST-ZIP CITY-ST-Z#P TITLE 5.1 TITLE DELETE 700002606**9**@‰ ROGERS, W.F. NAME -08/04/93--01016--**03**9 ***158.75 5.2 NAME 29210 BEAUCLAIRE DR. STREET ADDRESS 5.3 STREET ADDRESS TAVARES FL CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAMÉ 6.2 NAME STREET ADDRESS 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 attackment with an address.

160-50 THALLOOAK. U. P. 711.198 407-089-2551

FILED



POST OFFICE BOX 605 ZELLWOOD, FLORIDA 32798 (407) 889-2551 (800) 654-3968 FAX (407) 889-5200

July 6, 1998

DIVISION OF CORPORATIONS

Annual Reports Filings P.O. Box 1500

P.O.BOX 6327

Tallahasse, FL 32302-1500 Tallahussæ, FL 32314

Attn: reinstatement

Re: Annual Report for 1998

Dear Sir or Madam:

Enclosed is our 1998 Corporation Annual Report. We submit our check for the \$150.00 annual fee as instructed by telephone as we did not receive the first packet.

Sincerely,

Vice President of Administration

Tyron

P.S. Please waive the \$400 penalty as we did not receive the annual report-form. in Order to file On time

Thank you,