

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

FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F87796** (1)
1. Corporation Name
WANDS CORPORATION



Principal Place of Business 3231 E COLONIAL DR ORLANDO FASHION SQUARE MALL ORLANDO FL 32803 US	Mailing Address 1603 WILDCAT CT WINTER SPRINGS FL 32708-3854 US
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3. Date Incorporated or Qualified 06/22/1982	3a. Date of Last Report 03/12/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 E2, Orlando Fashion Square Mall City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number 59-2202648 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**HASTINGS, LAWRENCE
% WANDS CORPORATION
1603 WILDCAT CT
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDS, ZAIDA	1.2 NAME	
STREET ADDRESS	115 LK. WINNEMISSETT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	DeLand, FL 32724
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS JR, LAWRENCE P	2.2 NAME	
STREET ADDRESS	1603 WILDCAT CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 00000	2.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	TYD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, NANCY W	3.2 NAME	
STREET ADDRESS	1603 WILDCAT CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 00000	3.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDS, THOMAS	4.2 NAME	
STREET ADDRESS	115 LK. WINNEMISSETT DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	DeLand, FL 32724
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Nancy W Hastings* 2/1/97 407-881-1744

CR2E034 (9/96)