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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

FILED Mar 25 1998 8:00am Secretary of State

	MENT # F87796 S CORPORATION	(1)			
Principal Plac	ce of Business	Mailing Address		ים וופאים יחום מושות איסטו אומטו ופאו פטאוסטי וויין אינו אינו אומטו וופאים אומטו וופאים אינו פטאומטיי	D() 0131) 010)(030() 910() 103(
3231 E COLONIAL DR 1603 WILDCAT CT					
E2. ORLANDO FASHION SQUARE MALL. WINTER SPRINGS FL 3270 ORLANDO FL 32803 US			1708-3854	DO NOT WRITE IN THI	S SPACE
US US	L 329(3	ŲS		3. Date Incorporated or Qualified	0 31 7.02
				06/22/1982	1
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26			59-2202648	Not Applicable
	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional
City & Stat	ity & State 27 City & State				Fee Required
23 City & Stat	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zíp	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25	29	30	Personal Property Tax due June 30.	Yes No
=-1	9. Name and Address of Current		1 1 1	10. Name and Address of New Registere	d Agent
H	ASTINGS, LAWRENCE		81 Name		
% WANDS CORPORATION			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
1603 WILDCAT CT					
WINTER SPRINGS FL 32708			83		
1			84 City		85 Zip Code
				<u>F</u>	
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 (NO)	E Registered Agent signature requ	uired when reinstating) DATE	Ì,
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	WANDS, ZAIDA		1.2 NAME		;
STREET ADDRESS	115 LK. WINNEMISSETT DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL PD	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	HASTINGS JR, LAWRENCE P	← htres	2.1 TITLE		Change Addition
NAME STREET ADDRESS	1603 WILDCAT CT		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 00000		2.3 STREET ADDRESS	• • • • •	
TITLE	TVD	DELETE	3.1 TITLE		Change 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- \$T-ZIP		
TITLE	DS	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WANDS, THOMAS		4. 2 NAME		
STREET ADDRESS	115 LK. WINNEMISSETT DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	Floriere	4.4 CITY-ST-ZIP		
TITLE		L DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME PERFECT ACCOUNTS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
		0 1 10 1 10 1		Castian 440 07(0)(i) Flavida Outubas 1 further	- 476 - A3 - 4 11 - 1 - 5 47 -

14. Thereby 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.

CICNIATUDE.

Thomas - 7. Wands

3/18/97

904-734-5341