

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90175 003 ***150.00

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DOCUMENT # F87796

1. Corporation Name

WANDS CORPORATION

Principal Place of Business

3231 E COLONIAL DR
E2. ORLANDO FASHION SQUARE MALL
ORLANDO FL 32803
US

Mailing Address

1603 WILDCAT CT
WINTER SPRINGS FL 32708-3854
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1982

4. FEI Number

59-2202648

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 32315

Suite, Apt. #, etc.

22 (same)

City & State

23 (same)

Zip

24 (same)

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

Hastings, Jr., Lawrence P.

82 Street Address (P.O. Box Number is Not Acceptable)

same

83

same

84 City

same

FL

85 Zip Code

32708-3854

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 reinstating)

DATE

3/3/99

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE D
NAME WANDS, ZAIDA
STREET ADDRESS 115 LK. WINNEMISSETT DR.
CITY-ST-ZIP DELAND FL

TITLE PD
NAME HASTINGS JR, LAWRENCE P
STREET ADDRESS 1603 WILDCAT CT
CITY-ST-ZIP WINTER SPRINGS, FL 00000

TITLE TVD
NAME HASTINGS, NANCY W
STREET ADDRESS 1603 WILDCAT CT
CITY-ST-ZIP WINTER SPRINGS, FL 00000

TITLE DS
NAME WANDS, THOMAS
STREET ADDRESS 115 LK. WINNEMISSETT DR.
CITY-ST-ZIP DELAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

Nancy W. Hastings (Nancy W. Hastings)

Date

Daytime Phone #

3/3/99 407-896-1741

CR2E034 (11/98)