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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001718
 1. Corporation Name
WRSA ENTERPRISES, INC.

Principal Place of Business 137 PLANTATION DR TITUSVILLE FL 32780 US	Mailing Address 137 PLANTATION DR TITUSVILLE FL 32780 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2150 Country Club Drive	2a. Mailing Address 26 2150 Country Club Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 TITUSVILLE, FL	City & State 27 TITUSVILLE, FL
Zip 24 32780	Country 25 BREVARD
Zip 29 32780	Country 30 BREVARD

3. Date Incorporated or Qualified 04/03/1997	4. FEI Number 54-1298399	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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

ADAMS, WILLIAM R
137 PLANTATION DRIVE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 437 OAK COVE ROAD	84 City TITUSVILLE FL 85 Zip Code 32780
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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 *William R.S. Adams* **WILLIAM R.S. ADAMS** DATE **7/2/99**

12. OFFICERS AND DIRECTORS

TITLE	PCT	<input type="checkbox"/> DELETE
NAME	ADAMS, WILLIAM R	
STREET ADDRESS	437 OAK COVE RD	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADAMS, JANET F	
STREET ADDRESS	437 OAK COVE RD	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

4. 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.

SIGNATURE: *William R.S. Adams* **WILLIAM R.S. ADAMS** DATE **7/2/99** Daytime Phone # **407-268-8880**

CR2E034 (5/99)