

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 11, 2001 8:00 am  
Secretary of State**

01-11-2001 90017 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # G46751</b>			
1. Entity Name <b>WAIC. INC.</b>			
Principal Place of Business <b>200 KNUTH ROAD STE 212 BOYNTON BEACH FL 33436 US</b>		Mailing Address <b>200 KNUTH ROAD STE 212 BOYNTON BEACH FL 33436 US</b>	
2. Principal Place of Business <b>2393 NW 59<sup>th</sup> ST</b>		3. Mailing Address <b>2393 NW 59<sup>th</sup> ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>	
4. FEI Number <b>59-2311373</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33496</b>		Country <b>Palm Bch</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>METSCH, BURTON 200 KNUTH ROAD STE 212 BOYNTON BEACH FL 33436</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2393 NW 59<sup>th</sup> ST BOCA RATON FL 33439</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE <b>B. L. BURTON METSCH</b> DATE <b>1/05/01</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD METSCH, BURTON 200 KNUTH ROAD STE 212 BOYNTON BEACH FL 33436</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>2393 NW 59<sup>th</sup> ST BOCA RATON FL 33496</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD METSCH, BARBARA 200 KNUTH RD STE 212 BOYNTON BEACH FL 33436</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>2393 NW 59<sup>th</sup> ST BOCA RATON FL 33496</b>	
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>B. L. BURTON METSCH</b>		Date <b>1/4/01</b> Daytime Phone # <b>561 994 2035</b>	

CR2E034 (10/00)