

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H33385 (6)

1. Corporation Name

WADA ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~8216 MC GULF BLVD~~
~~NAVARRE BEACH FL 32566~~

~~8216 MC GULF BLVD~~
~~NAVARRE BEACH FL 32566~~

3002 YORKTOWN CIRCLE

SAME

FORT WALTON BEACH, FL 32547

2. Principal Place of Business

2a. Mailing Address

21 3002 YORKTOWN CIR.

26 3002 YORKTOWN CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FORT WALTON BEACH

28 FORT WALTON BEACH

Zip

Zip

24 32547

25 OKALOOSA

29 32547

30 OKALOOSA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATERS, CHARLES F.

~~8216 GULF BLVD #C~~

~~NAVARRE BEACH FL 32566~~

3002 YORKTOWN CIRCLE

FORT WALTON BEACH, FL 32547

81 Name

WATERS, CHARLES F.

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

3002 YORKTOWN CIRCLE

83

84 City

FORT WALTON BEACH

85 Zip Code

FL 32547

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

(If "OFF" Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME WATERS, CHARLES F.
STREET ADDRESS 8216 GULF BLVD #C 3002 YORKTOWN CIR.
CITY-ST-ZIP NAVARRE BEACH FL FORT WALTON BEACH FL 32547

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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

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: CHARLES F. WATERS / PST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 March '96 (904) 864-2769

CR2E034 (12/95)