


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90041 028 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J34891

 1. Corporation Name  
**WALDEAN, INC.**

Principal Place of Business 1 W. OAKLAND AVE. OCOE FL 34761-2249	Mailing Address 1 W. OAKLAND AVE. OCOE FL 34761-2249
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2719752	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

**CLENDENING, WAYNE MASON**  
 1 W. OAKLAND AVENUE  
 OCOEE FL 32761

## 10. Name and Address of New Registered Agent

81 Name	Joy J Clendening
82 Street Address (P.O. Box Number is Not Acceptable)	1 W OAKLAND AVE
83	Ocoee
84 City	FL
85 Zip Code	32761

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 Joy J. Clendening DATE 3-29-99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLENDENING, WAYNE MASON	1.2 NAME	
STREET ADDRESS	1 W. OAKLAND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	P/M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLENDENING, JOY	2.2 NAME	
STREET ADDRESS	1 W. OAKLAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVESICH, WENDY	3.2 NAME	
STREET ADDRESS	1 W OAKLAND	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Pamala Ware
STREET ADDRESS		4.3 STREET ADDRESS	819 Louise
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Peotone IL 60468
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Christy McGrath
STREET ADDRESS		5.3 STREET ADDRESS	212 Heritage
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Monroka IL 60447
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Bonny Haywood
STREET ADDRESS		6.3 STREET ADDRESS	2971 Sharon Dr
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New Lenox IL 60451

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: Joy J. Clendening  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2-22-99  
Date1-407-877-3332  
Daytime Phone #

CR2E034 (11/98)