

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

150

FILED

Apr 14 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J46851 (8)**  
 1. Corporation Name  
**WAM CORPORATION OF AMERICA**

Principal Place of Business <b>2650 PLEASANTDALE RD., SUITE 15 ATLANTA GA 30340</b>	Mailing Address <b>2650 PLEASANTDALE RD., SUITE 15 ATLANTA GA 30340</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21 75 Boulderbrook Circle</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Lawrenceville, Ga.</b> Zip <b>24 30045</b> Country <b>25 Guineff</b>		<b>2a. Mailing Address</b> <b>26 75 Boulderbrook Circle</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Lawrenceville, Ga.</b> Zip <b>29 30045</b> Country <b>30 Guineff</b>		<b>3. Date Incorporated or Qualified</b> <b>12/09/1986</b> <b>4. FEI Number</b> <b>59-2780853</b> Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>8. Name and Address of Current Registered Agent</b> <b>BERGONZINI, ORLANDO</b> <b>205 CHERRY HILL CIR</b> <b>LONGWOOD FL 32779</b>		<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHSINI, WAINER	1.2 NAME	
STREET ADDRESS	VIA CAVOUR N. 338	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAVEZZO, ITALY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SGARBI, CLAUDIO	2.2 NAME	
STREET ADDRESS	VIA FORLANINI, 15	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAVEZZO IT	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHESINI, ADRIANO	3.2 NAME	
STREET ADDRESS	VIA CAVOUR N. 338	3.3 STREET ADDRESS	
CITY-ST-ZIP	MODENA, ITALY	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGONZINI, ORLANDO	4.2 NAME	
STREET ADDRESS	205 CHERRY HILL CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, DAN E	5.2 NAME	
STREET ADDRESS	3331 BIRCHWOOD TR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SNELLVILLE GA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALERNO, LUCA	6.2 NAME	
STREET ADDRESS	3561A PLEASANTBROOK VILLAGE LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	DORAVILLE GA	6.4 CITY-ST-ZIP	

**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.**

**SIGNATURE:** \_\_\_\_\_

12-21-98

CR2E034 (10/97)