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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J48602 WABASSO COMMERICAL GROVE, INC. (3)

FILED Feb 06 1998 8:00am Secretary of State



Principal Plac	e of Businoss	Mailing Address							
3001 WESTON		P.O. BOX 33068							
CARY NC 27513 US		RALEIGH NG 27636 US	RALEIGH NC 27636			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 12/23/1986			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		TAr	plied For
21		<u></u>	26			59-2763917 Not Applicable			`
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$	<u> </u>	Additional
22	_	27	27			Certificate of Status Desired	_ ¥	Fee Re	
City & Stat	0	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	4 — d			Trust Fund Contribution			
Zip	Country	Zip	Countr			8. This corporation owes or has paid the current year Intangible			
24	[25]	29	30			Personal Property Tax due June] No
	g, Name and Address of Cur	rent Hegistereo Agent		B1 Nar		10, Name and Address of New Re	gistered Agei		
	LOWELL, WILLIAM W.			i iva	ne				
	BEACHLAND BLVD			B2 Stro	Street Address (P.O. Box Number is Not Acceptable)				
VE	RO BEACH FL 32963		}	B3					
									1
				B4 City	,		FL 8	i Zip (Code
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 register office or registered agent, or both, in the State of Ekirida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register									s registered registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered	Lagent and title if applicable (NOTE: Begistered			d when reinsta; ng)	E)A1E		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		ECTOF	S IN 12
TITLE	DP	DELETE	DELETE 1.110		<u>-</u>			Change	Addition
NAME	Blake, William	1.2 NA		AT.					
STREET ADDRESS	1105 WAVERLY PLACE		1.3 STA	1.3 STREET ADDRESS					[3]
CITY-ST-ZIP			7-ST-7P						
TITLE	DVP	DELETE 2.1 TO		ŧ	1			Change	Addition
NAME			2.2 NA	2.2 NAME					
STREET ADDRESS	3001 WESTON PKWY		2.3 \$		ss	·			ļ
CITY-ST-ZIP			2 4 CIT	Y-\$1-7IP					
TITLE	VPS	DELETE 3.11		F				Change	Addition
NAME			3.2 NA	AE .					1
STREET ADDRESS			33 STR	3 3 STREET ADDRESS					ļ
C!TY-\$T-ZIP	CARY NC		3 4. C						
TITLE	☐ DELFTE 4.1 TI		ł				Change	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STREET ADDRESS		ss				
CITY-ST-ZIP		***		4.4 CITY - ST - ZIP					
TOTLE		L] DELETE	5.1 TITU	F	- (Change	Addition
NAME			5.2 NA	AF.	- 1				
STREET ADDRESS			5.3 \$1H	EET ADDRES	SS				
CITY-ST-ZIP				(-\$1- <i>7</i> (P					
TITLE		L_ DELETE	6.1 1011					Change	Additron
NAME			6.2 NAN	16					
STREET ADDRESS			63SIR	EFT ADORES	ss				
CITY-ST-ZIP	 		64 CITY	'- S1 - ZIP	1	440 07/07/07 El-4-1- C	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		

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 informatio 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 in the receiver our nustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6 on an allegebring; withyan address.

919-677-2000