## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 J54363 **DOCUMENT #** Corporation Name W. O. M., INC. Principal Place of Business Mailing Address 1499 SW 30TH AVE 1499 SW AVE SUITE 16 SUITE 16 **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 3a. Date of Last Report 06/20/1995 Date Incorporated or Qualified 01/29/1987 4. FEI Number 59 = Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Country $Z_{\rm IP}$ $Z_{1}$ Country Florida Statutes Yes No 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MACKEY, DAVID E Street Address (P.O. Box Number is Not Acceptable) 82 1499 SW 30TH AVE STE 16 **BOYNTON BEACH FL 33426** 83 Zip Code City 85 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE Styranire, typed or printed name of registers) agent and thir taps elete ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE Add-tion MACKEY, DAVID E. NAME 1.2 NAME 1499 SW 30 AVE STE 16 STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BCH FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 Title TILLE MACKEY, DAVID E. III 2.2 NAME NAMÉ 1499 SW 30 AVE STE 16 2.3 STREET ADDRESS STREET ADDRESS **BOYNTON BCH FL** 2.4 CiTY - \$1 - 7/2 CHY-ST ZIP Change Addition DELETE TITLE 3 171"IE \* NAMÉ 3.2 NAME 3.3 STREET ADDRESS SURFEL ADDRESS. 3.4 City - St - 2iP CHTY-ST-7IP Addition ☐ Change DELETE 4.1 1111.6 TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C: [Y - S] Z:P CHTY-ST-7IP Addition 800001824878° -05/16/96--01076--013 []] DELETE 5 1 TITLE TITLE 52 NAME: NAME 5.3 STREET ADURESS STREET ADDRESS \*\*\*200.00 5.4 CITY - ST - ZIP CITY-ST-7/P Add:tion DELETE 6 1 THE TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY ST ZIP

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

SIGNING OFFICER OR DIRECTOR

on an attachment with an address

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SIGNATURE: