SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J66060** **(1)**

1. Corporation Name
W. W. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~10011 DOMINICAN DRIVE~~ ~~MIAMI FL 33189~~ US	~~POST OFFICE BOX 970224~~ ~~MIAMI FL 33197-0224~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1987	3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-2816397	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Finance and Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1029 N.E. 10TH PLACE	26 P.O. Box 5484
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 GAINESVILLE, FL 32601	City & State 28 GAINESVILLE FL 32602
Zip 24 32601 Country 25 U.S.A.	Zip 29 32602 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

WILSON, WARREN E.
~~10011 DOMINICAN DRIVE~~
~~MIAMI FL 33189~~
1029 N.E. 10TH PLACE
GAINESVILLE, FL
32601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	WILSON, WARREN E.	12 NAME	WILSON, WARREN E.
STREET ADDRESS	10011 DOMINICAN DRIVE	13 STREET ADDRESS	1029 N.E. 10TH PLACE
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	DST	21 TITLE	DST ☒ Change ☐ Addition
NAME	WILSON, GERMAINE R.	22 NAME	WILSON, GERMAINE R
STREET ADDRESS	10011 DOMINICAN DRIVE	23 STREET ADDRESS	1029 N.E. 10TH PLACE
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Germaine R. Wilson GERMAINE R. WILSON 7/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 904-376-2768

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