

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

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Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L71813** (4)  
1. Corporation Name  
**W-K INVESTMENT CORP.**



Principal Place of Business Mailing Address  
**1980 N ATLANTIC AVE SUITE 622 COCOA BEACH FL 32931 US** **1980 N ATLANTIC AVE SUITE 622 COCOA BEACH FL 32931-3274 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/08/1990</b>	3a. Date of Last Report <b>04/23/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3117206</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WILLIAMS, MAUREEN K 1980 N ATLANTIC AV #622 COCOA BEACH FL 32931</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT, SECRETARY/TREAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, KEARNS C.</b>	1.2 NAME	<b>Williams, Maureen K.</b>
STREET ADDRESS	<b>409 SE 7TH ST FT LAUDERDALE FL</b>	1.3 STREET ADDRESS	<b>1980 N. Atlantic Ave, #622</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, MAUREEN K</b>	2.2 NAME	<b>Williams, Zachery S.</b>
STREET ADDRESS	<b>1980 N ATLANTIC AVE SUITE 622</b>	2.3 STREET ADDRESS	<b>1980 N. Atlantic Ave. #622</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEARNS, THOMAS F.</b>	3.2 NAME	<b>Kearns, Thomas F.</b>
STREET ADDRESS	<b>1980 N ATLANTIC AVE SUITE 622</b>	3.3 STREET ADDRESS	<b>1980 N. Atlantic Ave. #622</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_ 4/15/97 783-1191

CR2E034 (9/96)