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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90027 031 ***150.00

DOCUI 1. Corporation WAYFAS				
Principal Place	of Rusiness	Mailing Address		
400A W COCOA COCOA BEACH	A BCH CSWY	400A W COCOA BCH CSWY COCOA BEACH FL 32931		
US		U\$		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 05/11/1990
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3023062 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
22		City & State		
City & State	8	28		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 3		Personal Property Tax. X Yes □ No
\	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered Agent
			81 Name	EDUIN I MOUDEY ID
WALKER, LARRY W.			82 Street	EDWIN J. MOWREY JR. Address (P.O. Box Number is Not Acceptable)
222 NORTH FIRST STREET				SUITÈ A
COCOA BEACH FL 32931			83	400 W. COCOA BEACH CSWY
			84 City	85 Zip Code
			' (COCOA BEACH FL 32931
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.				
agent. I a	m familiar with and accept the obligation	ons of, Section 607.0305, Florid	a Statutes.	4/-0/00
SIGNATURE	X Colon Y FT	fred the		//27/97
42	Signature, types of pinted name of egisteric age of OFFICERS AND		egistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PTD OFFICERS AND	1X DELETE	1.1 TITLE	D Change Addition
NAME	WALKER, LARRY W.	22	12 NAME	EDWIN J. MOWREY JR.
STREET ADDRESS	400 A W COCOA BEACH CSWY	•	1.3 STREET ADDRESS	400A W. COCOA BEACH CSWY
CITY-ST-ZIP	COCOA BEACH FL		1.4 CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	VSD	X DELETE	2.1 TITLE	D Change X Addition
NAME	WALKER, ELIZABETH K.		2.2 NAME	EDWIN J. MOWREY III
STREET ADDRESS	400 A W COCOA BEACH CSWY	1	2.3 STREET ADDRESS	400A W. COCOA BEACH CSWY
CITY-ST-ZIP	COCOA BEACH FL		2. 4 CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE		☐ DELETE	31 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
TITLE			5.1 ITILE 5.2 NAME	
NAME STREET ADDRESS			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	

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 affachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)