

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

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L79120** (6)
1. Corporation Name
WPW NORTH AMERICAN HOLDINGS, INC.



Principal Place of Business 50 N. LAURA STREET 3300 BARNETT CENTER JACKSONVILLE FL 32202 US	Mailing Address POST OFFICE BOX 4099 3300 BARNETT CENTER JACKSONVILLE FL 32201-4099 US
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2. Principal Place of Business 21 1301 Riverplace Blvd. Suite, Apt. #, etc. 22 Suite 1301 City & State 23 Jacksonville, Florida Zip 24 32207	2a. Mailing Address 26 1301 Riverplace Blvd. Suite, Apt. #, etc. 27 Suite 1301 City & State 28 Jacksonville, Florida Zip 29 32207	Country 25 USA Country 30 USA
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3. Date Incorporated or Qualified 06/11/1990	3a. Date of Last Report 02/02/1996
4. FEI Number 59-3013360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**RAX CO.
50 N. LAURA STREET
3300 BARNETT CENTER
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name MOTOLAW, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd.
83 Suite 1301
84 City Jacksonville
85 Zip Code FL 32207

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 *Peter Jensen, as President of F. Motolaw, Inc.* DATE **2/19/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, DAVID A.	1.2 NAME	
STREET ADDRESS	50 NORTH LAURA ST., 3400 BARNETT CTR.	1.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1301
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, JANE R.	2.2 NAME	
STREET ADDRESS	1501 HIGHLAND ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)