

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90190 002 ***150.00

0319695 AV

DOCUMENT # M69682
 1. Entity Name
W.A.K.K., INC.

Principal Place of Business Mailing Address
1209 SUNSET STRIP **1209 SUNSET STRIP**
SUNRISE FL 33313 **SUNRISE FL 33313**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **65-0104287** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~KOWALCZYK, WILLIAM A.~~
~~2531 NASSAU LANE~~
~~FORT LAUDERDALE FL 33312~~

7. Name and Address of New Registered Agent
 Name **Darlene QUINN**
 Street Address (P.O. Box Number is Not Acceptable)
2530 Key Largo Lane
 City **FT Lauderdale FL** Zip Code **33313**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *Darlene T. Quinn* DATE **3-12-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	KOWALCZYK, ALICIA G.	
STREET ADDRESS	2531 NASSAU LN.	
CITY-ST-ZIP	FT. LAUDERDALE-FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	KOWALCZYK, WILLIAM A.	
STREET ADDRESS	2531 NASSAU LN.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	President	<input type="checkbox"/> Delete
NAME	Darlene T. Quinn	
STREET ADDRESS	2530 Key Largo Lane	
CITY-ST-ZIP	Fort Lauderdale FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darlene QUINN	
STREET ADDRESS	2530 Key Largo Lane	
CITY-ST-ZIP	FT Lauderdale FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Darlene T. Quinn* DATE: **1-07-01** DAYTIME PHONE #: **(954) 581-8629**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)