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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # M81699

(4)

## **FILED** Apr 08 1997 8:00am Secretary of State

WAYMARINNE, INC.  Principal Place of Business Mailing Address  2230B PALM RIDGE RD POST OFFICE BOX 444  SANIBEL FL 33957 SANIBEL FL 33957-0444  US								
					3. Date Incorporated or Qualified 05/19/1988	3a. Date of Last Re 05/09/1996	eport	
2. Principa' Place of Business 21		2a. Mailing Address 26			4. FEI Number 65-0049404	Applied For Not Applicable		
Suite, Apt. #. etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	}	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be		
Zip Country		<b>28</b>   Ζίρ	Country		8. This corporation has liability for intempible tax under s. 199.032,			
24	25 9. Name and Address of Curi	29 29 Anent	30		Florida Statutes  10. Name and Address of New Reg			
DECC	SON, WAYNE A	our cindiament wholis	81	Name	19. Hallo and Danies of Hos Dos			
2230	B PALM RIDGE RD BEL FL 33957		83 83		ress (P.O. Box Number is Not Acceptabl	·	Code	
agent Lar	ni familiar with, and ageopt the ob	ligations of, Section 607.0505	i, Florida Statute AND RE P (NOTE: Registered A	1. BE)	red when reinstating)	urpose of changing it the appointment as		
12.	DPT OFFICERS A	AND DIRECTORS  DELETE	13.	····-	ADDITIONS/CHANGES TO OFFIC	Change	Addition	
TUTLE NAME STREET ADURESS	BESSON, WAYNE A. 2230B PALM RIDGE RD		1.1 TITLE 1.2 NAME 1.3 STREE	t address		Onango	Radijion	
CHY-ST-ZIP	SANIBEL FL	· · · · · · · · · · · · · · · · · · ·	1.4 CfTY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS CITY-ST ZIP	SVD DELANNOY, BARBARA 765 BROAD ROCK RD S. KINGSTOWN RI	LANNOY, BARBARA 5 BROAD ROCK RD		T ADDRESS ST-21P		L_J Change	▲ Addition (	
TITLE NAME STREET ADDRESS.	☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS		Change	☐ Addition	
CITY - S1 - 7IP TITE		DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		Change	☐ Addition	
NAME			4. 2 NAM	- 1				
STREET ADORESS			1	T ADORESS				
CITY - S1 - ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE	ai-tir		☐ Change	Addition	
NAME STREET ADDRESS CHY+ST-ZIP			5.2 NAME 5.3 STREE 5.4 CITY	7 ADDRESS				
TITLE NAME STREET ADDRESS		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREI	T ADDRESS		Change	Addition	
informatio Larri an ef	ri indicated on this annual report i	or supplementa! annual report i or the receiver or trustee em	t is true and acc powered to exe	emption state urate and tha	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida Si	l effect as if made une	der oath; that	