			005.00		
	NOW: FILING FEE AFTE			7	
	PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sanora B Jortham				
	ORATION L REPORT	Sanora B 🚜 Secretary of			
		DIVISION OF COR			
	996				
DOCUM 1. Corporation N	ENT # M961 Lame Edward A. Pit -DBA, WAVELER	LL TTS INC.	atters		
Principal Place of ATLANT	of Business MAY PORT XING. BIVD. # 2 VIC BCH., FL. 32233	ing Address	ME	3. Date Incorporated or Qualified	3a. Date of Last Report Parril 1995
2. Principal Plac	on of Business 28.	Mailing Address		4. FEI Number	Applied For
2. FHIICIDAL FIAC	26			59 291 5050	\$9.75 Additional
Suite Apt #.	. etc	Suite, Apt. #, elc.		5. Certificate of Status Desired	Fee Required
City & State	├ ``	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 , Zip	— — — — — — — — — — — — — — — — — — —	Zip 30	Country	8. This corporation has liab-lity for Florida Statutes	intangible tax under s 199 032
24 '	25 29 29 9. Name and Address of Current Register		'L	10. Name and Address of New R	egistered Agent
	Edward A. Pitt 1441 Spinoritt Ci	R . E.		dress (P.O. Box Number is Not Accepta	ble)
	Neptune Bch. , 3.	l. 32266	63		
- 1	Nepture 13cm.,	(,)	84 City		85 Zip Code
			J.	To the	purpose of changing its registered
11. Pursuant to	o the provisions of Sections 607.0502 and 60 gistered agent, or both, in the State of Floric	07 1508 Florida Statutes. Ia Such change was aut	the above-named con horized by the corpora	rporation submits this statement for the ation's heard of directors. I hereby acc	ept the appointment as registered
agent Lan	rigistered agent, or both, in the State of Florida in familiar with, and accept the obligations of	. Section 607 0505 Florid	da Statules	P: 775 President	4-19-96
SIGNATURE _	Survey or complet name or registreed agent and fite	tappication / that is it	c patrica Agent signature rea	cred when redistaling)	DATE
12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFF	Change Addition
TIFLE	President	[_] DELETE	1 LAIRE		 •
NAME	Edward Pitts		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	1441 Spindrift Circle	East	14 CHY-ST-ZIP		
CITY ST ZIP	Neptune Bch, FL 32266	DELETE	2 1 TITLE		Change Add tree
NAME			2 2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY ST ZIP		DELETE	3 1 TIFLE		Change Addition
TIFLE		Cloccit	3 2 NAME	=	
NAME STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1 - ZIP			3.4 CHY+ST+ZIP		Change Addit (
TITLE		DELETE	4 1 1111.6		ا سو درد پ
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4 3 STHEET AUDITESS		
CATY - ST ZIP		[] DELETE	5 1 THE		Change Additi
NAME	1		5.2 NAME	60000 1 8 -04/30/9603	00596
STREET ADDRESS			5 3 STREET ADDRESS	-04/30/960:	1016008
City ST 7iP		CELETE	5.4 CHY-ST-ZIP	***200.00	Change Addx
TITLE		[_] DELETE	6 1 TITLE 6 2 NAME		
NAME			63 STREET ADDRESS		
STREET ADDRESS			0.4.0171/ 07. 7/0		Contains
CITY-S1-ZIP	·			qualify for the exemption stated in Sec	tion 119.07(3)(k). Florida Statutes II.

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 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 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 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 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 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 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 further certify that my signature shall have the same legal effect as if 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 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 further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further