


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90116 023 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002751**

1. Corporation Name

**WAT PRA-KEO, INC.**

Principal Place of Business

**404 BAY BERRY DR.  
LAKE PARK FL 33403**

Mailing Address

**404 BAY BERRY DR.  
LAKE PARK FL 33403**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	<b>05/16/1996</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<b>65-0673066</b>
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	
Country	Country	
25	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NACHAMPASSAK, CHAO-VIENG  
404 BAY BERRY DRIVE  
LAKE PARK FL 33403**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NACHAMPASSAK, CHAO-VIENG</b>	1.2 NAME	
STREET ADDRESS	<b>404 BAY BERRY DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL</b>	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THANSAMAI, WALAIPORN</b>	2.2 NAME	
STREET ADDRESS	<b>404 BAY BERRY DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRIAN, EDWARD</b>	3.2 NAME	
STREET ADDRESS	<b>404 BAY BERRY DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NACHAMPASSAK, KHAMKHAY MRS</b>	4.2 NAME	
STREET ADDRESS	<b>404 BAY BERRY DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL</b>	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1.6<sup>th</sup> 1999**

Date

Daytime Phone #

**9:40 - 6:00 PM**

CR2E037 (1/98)