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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P14922

1. Corporation Name

(9)

THE WAKI CORPORATION

FILED	
Apr 22 1997 8:00am	1
Secretary of State	

	ce of Business	Mailing Address				******	******
9820 ATCHINSO SPRING VALLE		2845 66TH STR SW NAPLES FL 34105-7313					
		US			3. Date Incorporated or Qualified	3a. Date of I	net Deport
					06/22/1987	05/01/19	
2. Princ pal F	Place of Business	2a. Mailing Address	***************************************		4. FEI Number	Ţ	Applied Fo
i]		26			31-1209505		Not Applica
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	11	.75 Additiona ee Required
City & Stat	ite	City & State			6. Election Campaign Financing		5.00 May Be
3		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Country		8. This corporation has liability for		
4	25	29	30		Florida Statutes	Yes 🔲 No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
KIRE	BY, BRUCE		81	Name			
4896	O GOLDEN GATE PARKWAY		82	Street Ad	Idress (P.O. Box Number is Not Acceptal	olo)	·····
NAP	PLES FL 33999		\\ \tag{\frac{\sigma_{\text{*}}}{\text{*}}}	Silverna	idiess (1.0, box ridinger is not neceptal	510)	
		.5	83				
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11. Pursuant	t to the provisions of Sections 607.0	0502 and 607, 1508, Florida Stat	utes, the above	e-named.co	progration submits this statement for the p	ourpose of chan	aina its reaiste
off-ce or	registered agent, or both, in the St	late of Florida. Such change was	authorized by	the corpor	orporation submits this statement for the pration's board of directors. I hereby acce	ot the appointme	ent as registere
agem ra	ant faithmar with, and accept the oc	ingations of, Section 607.0505, i	nonda Statutes	Б.			
SIGNATURE	September typed or proved have of registored	and the second little of a continuously as the	OTE: Designed An	ent einhabwa sar	outred when reinstating)	DATE	
12.		AND DIRECTORS	13.	ent signature ret			
16.	OFFICENS:				ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	-CHORS IN 12
1115	_ DD			··	ADDITIONS/CHANGES TO OFFI		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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4. 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 reports supplemental annual/eports frue and accurate and that my signature shall have the same legal effect as if made under oath; that an indicate or director of the corporation or the receiver or trustee embowered 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 adactories with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF EIGHING OFFICER OR DIRECTOR

11/97 817-761-5

0413022