## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000014626 (4)

W.W.D., INC.

FILED
Jan 26 1998 8:00am
Secretary of State

Zip Code

Principal Place of Business	Mailing Address		t tenunnet tre chart stret derri entit entet tiftt åfåre åltrå tillt fått tillt		
3801 W. LAKE MARY BLVD. Suite 119 Lake Mary Fl 32746	3901 W. LAKE MARY BLVD. Suite 119 Lake Mary Fl 32746		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified 02/26/1993		
2. Principal Place of Business	2a. Mailing Address	··	4. FEI Number App	lied For	
21	26		<b>59-3155978</b> Not.	Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Ad Fee Req		
City & State	City & State		6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to	•	
Zip Country 25	Zip <b>29</b>	Country 30	8. This corporation owes or has paid the current year Intar Personal Property Tax due June 30.  Yes	•	
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HUMPHRIES, GREGORY J. ESQ 201 E. PINE ST. #701 ORLANDO FL 32801		81 Nar 62 Stre	net Address (P.O. Box Number is Not Acceptable)		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

City

agent. I a	m familiar with, and accept the obligations	s of, Section 607.0505, Flo	rida Statutes.		_	
SIGNATURE	Signature, typed or printed name of regeltered agent and	tile if applicable (NOTE	Registered Agent signature requi	ired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETÉ	1.1 TITLE	Change	Addition	
NAME	PICEK, KATHRYN A		: 1.2 NAME			
STREET ADDRESS	19 CARDINAL DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY - ST - ZIP			
TITLE	0	DELETE	2 1 TITLE	Change	Addition	
NAME	PICEK, DANIEL		2.2 NAME			
STREET ADDRESS	19 CARDINAL DR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE	☐ Change	Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	_		3.4. CITY-ST-ZIP			
TITLE	<del>-</del>	DELETE	4.1 TITLE	Change	Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		;	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	☐ Change	Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE	:	☐ DELET <b>e</b>	6.1 TITLE	Change	☐ 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 true exemptions are required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attractment of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corpor

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