FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI	MENT # P9300 0	0016037 (2)			
1. Corporation	Name I WAGONS, INC.				
Principal Place	of Business	Mailing Address			001/1 64/6: 110/0 01/11 05/00 (2/14 100) 100/
1231 52ND 8	STREET	1231 SONO STREET			
MANGONIA F	PARK FL 33407	MANGONIA PARK FL 83	407		
				3. Date Incorporated or Qualified 02/26/1993	3a. Date of Last Report 06/30/1995
2. Principal Pla 21	ace of Business	28. Malling Address AH	N CPA	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apr #, etc.	Can Uhaw		\$8.75 Additional
22		27 1515 NEW	TV 300	5. Certificate of Status Desired	Fee Required
City & State		28 Soca MA	ron F	6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 (SOCA (MAT	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25]	29 33432	30		intangioe tax dinders 199,002,
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
KRAMER, WM. A 2ND 82 Street Addres				ess (P.O. Box Number is Not Acceptate	le)
16648 NARROWS DRIVE JUPITER FL 33407			83		
JUPHER	T PL 3340/		[03]		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corpor	ation submits this statement for the pur	pose of changing its registered office
or register familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Sectic	a. Such change was auth orize d on 607.0505, Florida Statut es .	by the corporation's boar	rd of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE _					
12.	Signature, typed or printed name of registered agont a OFFICERS AND		Registered Agent signature require 13.	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE
TITLE	P	OELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	KRAMER, WM. A 2ND	/	1.2 NAME		
STREET ADDRESS	16648 NARROWS DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33477	- A	1.4 CITY-ST-7/P		
TITLE	7	DELETE	2. 1 TITLE		Change Addition
NAME	Privious 1 / Carin	2001	2.2 NAME		
STREET ADDRESS	1221 32 0	6 B 33407	2.3 STREET ADDRESS		
CITY - ST - ZIP	1-/W10-0-1-1-1		2.4 CITY-ST-ZiP	···	Channa
TITLE		DELETE	3. 1]TLE	•	Change Addition
STREEL ADDRESS			3.2 NAME 3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-\$1-ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.9 STREET ADDRESS		
CITY-ST-ZIP		****	4.4 CITY-ST-ZIP	gan - ag yang gan kenghangan at mang dan menghanggan ana di at mphanyapat dipundipundipundipundipundipundipund	
TITLE		DEFELE	5 1 TITLE	20000183 -05/22/96011	Addition Addition
NAME			5.2 NAME	-05/22/96011	19031
STREET ADDRESS			5 3 STREET ADDRESS	***800.00	
CITY-ST-ZIP TITLE		DELETE	5.4 CHTY-ST-ZIP 6 1 TITLE		Change Addition
NAME			6.2 NAME		C 2190-84

14. I do 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. 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 cath; that I am an officer or director of the corporation or the receiver or trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an atjachment with an address

6.3 STREET ADDRESS

SIGNATURE: __

STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytine Phone #

CR2E034 (12/95)