2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000019729

1. Entity Name WAYCO HOLDINGS, INC.



Principal Place of Business

450 EAST LAS OLAS BLVD. SUITE 1500 FT LAUDERDALE, FL 33301

SIGNATURE:

Mailing Address

450 EAST LAS OLAS BLVD. SUITE 1500 FT LAUDERDALE, FL 33301 FILED May 05, 2004 8:00 am Secretary of State

05-05-2004 90247 013 ***150.00

14022438



04212004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0404412

Via PresionT Y/4/04

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVE 27TH FLOOR MIAMI, FL 33131

ò	1."	2-	~A !		. 88	-3.1		·	T 6.00	- J	*		·w.	100	Z 1
		•	~		3	14	~			1 5				,	_
٤.	ı,	1		1	n		2.5		1 4	1/1		_	· ¢	81	
χ	15	•	•	٠.,		7.1			¥ 35 -	w		1	1.3	40	115, 11
1	wi.	47	^				7	297	·			41.00	3. (j. 45°	777
*	٠.,٠		699	i.,	1,200	11	100	લકાર	4,14		1	10.3		a.	:11
			٠.		- "	*						***	~	٠ï۳	-14
3	٠.	п	V 15			-	11	_	- (-		м.	140	٠.	100
3	•		w	1	::\$	*	٠.	· 1	-	2	-4	- 1		1	160

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Cantribution.	ncing \$5.00 Added to						
10.	OFFICERS AND DIRE	CTORS			Y SEEDING HER WALLEY				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUIZENGA, H. WAYNE JR 450 EAST LAS OLAS BLVD., 15 FLO FT LAUDERDALE, FL 33301	OR							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENNINGER, ROBERT 450 EAST LAS OLAS BLVD., SUITE FT LAUDERDALÉ, FL 33301	1500							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRANDEN, CRIS V 450 EAST LAS OLAS BLVD., 15 FLO FT LAUDERDALE, FL 33301	OR		DO NOT W	VRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SI	PACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Ballet of the second of the se				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									