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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088560 (6)

W.O.S.E., INC.

Principal Place of Business Mailing Address 712 U.S. HIGHWAY ONE 712 U.S. HIGHWAY ONE N. PALM BEACH FL 33408-4509 N. PALM BEACH FL 33408 3. Date Incorporated or Qualified 3a. Date of Last Report 12/29/1993 03/13/1996 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 65-0479673 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NORRIS, DAVID B 712 U.S. HIGHWAY ONE 82 Street Address (P.O. Box Number is Not Acceptable) N. PALM BEACH FL 33408 83 84 Zin Code 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sugranue: typicalor printed native of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. LITTLE SPDT XX Change ☐ Addition SPDT DELETE THE TUCHSCHER, CLAUDIA NAM² 1.2 NAME TUCHSCHER, CLAUDIA 3216 RED WOOD STREET 3375 Herman Ave. San Diego, CA 92104 1.3 STREET ADDRESS STREET ADDRESS SAN DIEGO CA 1.4 CfTY-ST-ZIP CITY - S1 - ZIF ___ Addition DELETE 21 TITLE Change TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-\$1-ZIP CIFY-ST-ZIP Change Addition DELETE 3.1 TITLE 1016 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$T-ZIP City - S1 - ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 51 TITLE 101LE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY - S1-7IP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.

Davlime Phone #

FILED

Apr 15 1997 8:00am

Secretary of State