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 # P94000050785 (2) THE WAI DRIEGER COMPANY INC

FILED Feb 13 1998 8:00am Secretary of State

11112 447	ALDDIEGEN COMPANT INC	, .					
Principal Place of Business		Mailing Address		d naminami ilia katin minih yanyi mmili sanih mali	b) Misse Allahi allma) racat distratan		
1217 W. VINE STREET KISSIMMEE FL 34741		1217 W. VINE STREET KISSIMMEE FL 34741					
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	TIIO OF ACE	
					07/05/1994		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	⊣	
21		26		59-3252233	Not Applicable	9	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	┪	
22		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be]	
23		28		Trust Fund Contribution	Added to Fees	┛	
Zip Country		Zip Country		8. This corporation owes or has paid the			
24	25 29 30 30 9. Name and Address of Current Registered Agent		[30]		Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No	4
<u> </u>		in negistered Agent	8	1 Name	10. Hallie BIN Addiess of Hew Registe	red Agent	\dashv
	LDBIESER, JOHN						_
1217 W. VINE STREET			8:	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
, KIS	SIMMEE FL 34741		8:	3			\dashv
ŧ			L_				┙
			8	4 City	1	FL 85 Zip Code	- 1
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abo	ve-named con	poration submits this statement for the nurpo	se of changing its registered	aH.
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was a	authorized t	by the corpora	tion's board of directors. I hereby accept the	appointment as registered	
1 ~	THE PROPERTY OF THE COMING	interior or, accingit dor topos, i k	Jilda Glaton	55.			
Signature 	Stonature, typed or pented name of registered ag	ent and title if applicable (NOT	E Registered A	gent signature requ	ired when reinstating) DA	TE	٠
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		\exists
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition	n
NAME WALDBIESER, JOHN			1.2 NAME				- [:
STREET ADDRESS			1.3 STREE	ET ADORESS			
CITY-ST-ZIP	KISSIMMEE FL 34741		1.4 CITY-				-1
TITLE	D	☐ DELETE	2 1 TITLE			Change Addition	ן י
NAME	WALDBIESER, SHIRLEY		2.2 NAME				
STREET ADDRESS	1217 W. VINE STREET			ET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34741	DELETE	2 4 CITY			Change Addition	<u>-</u>
TITLE NAME			3.1 TITLE 3.2 NAME				"
STREET ADDRESS				T ADDRESS			-
\			3.4. CITY	Y			١
CITY-ST-ZIP TITLE		DELETE	4.1 FITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	ᆏ
NAME			4. 2 NAM				
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-				- 1
TITLE		DELFTE	5.1 TITLE			☐ Change ☐ Addition	<u></u>
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	6.1 TITLE			Change Addition	T.
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	et address			1
CITY-ST-ZIP			6.4 CiTY-	ST-ZIP			
14. I hereby c	ertify that the information supplied w	vith this filing does not qualify for	or the exem	ption stated in	Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the information	

Interest certify that the information supplied with this hing does not qualify for the exemption stated in section 119.07(3)(), Florida Statutes. Notice certify that it in 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 13 if changed, or on an attachment with an address.

SIGNATURE:

OHN WALDBIESER 2-6-98