FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054510 (0)

1. Corporation Name
WMN, INC.

Principal Place of Business	Mailing Address
135 RENNELL DRIVE SOUTHPORT CT 06490	135 RENNELL DRIVE SOUTHPORT CT 06490

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2641 Cahill Way	26 2641 Cahill Way
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Lake Mary, FL	28 Lake Mary, FL
24 Zip 32746 25 Country USA	29 Zip 32746 30 Country USA

4. FEI Number: 59-3258990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President	☐ Change ☒ Addition
NAME	JACQUES, WILLIAM	12 NAME	JAQUES, WILLIAM	
STREET ADDRESS	2378 EAST MAIN ST.	13 STREET ADDRESS	2641 Cahill Way	
CITY-ST-ZIP	BRIDGPORT CT 06610	14 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	21 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME	JACQUES, MARY G	22 NAME	JAQUES, MARY G.	
STREET ADDRESS	2378 EAST MAIN ST.	23 STREET ADDRESS	2641 Cahill Way	
CITY-ST-ZIP	BRIDGPORT CT 06610	24 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	JACQUES, NATALIE A	32 NAME		
STREET ADDRESS	2378 EAST MAIN ST.	33 STREET ADDRESS		
CITY-ST-ZIP	BRIDGPORT CT 06610	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 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 added on an attachment with an address.

SIGNATURE: William Jaques 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

William Jaques President 407-324-2734
Typed or Printed Name of Signing Officer or Director — Daytime Phone #

0384179 FP