

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000054510 (0)

1. Corporation Name
WMN, INC.



Principal Place of Business
2641 CAHILL WAY
LAKE MARY FL 32746
US

Mailing Address
2641 CAHILL WAY
LAKE MARY FL 32746
US

3. Date Incorporated or Qualified 07/22/1994
3a. Date of Last Report 04/28/1995
4. FEI Number 59-3258990
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of signing officer and director (delete as applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	JACQUES, WILLIAM	
STREET ADDRESS	2641 CAHILL WYA	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	ST	DELETE
NAME	JACQUES, MARY G	
STREET ADDRESS	2641 CAHILL WAY	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	DELETE
NAME	JACQUES, NATALIE A	
STREET ADDRESS	2378 EAST MAIN ST.	
CITY-ST-ZIP	BRIDGPORT CT 06610	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	JACQUES, WILLIAM		
1.3 STREET ADDRESS	2641 CAHILL WAY		
1.4 CITY-ST-ZIP	LAKE MARY, FL	Change	Addition
2.1 TITLE	ST		
2.2 NAME	JACQUES, MARY G.		
2.3 STREET ADDRESS	2641 CAHILL WAY		
2.4 CITY-ST-ZIP	LAKE MARY, FL	Change	Addition
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		Change	Addition
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		Change	Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		Change	Addition
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP		Change	Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

407-328-2734
Daytime Phone #

CR2E034 (12/95)