## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/36/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000065842 (4)

WDDA, INC.

Jul 29 1998 8:00am Secretary of State

	,						
Principal Place of Business Mailing Address						1 FRANCHAN TOR ORACL MINIO MAKE MRYLE BRITE BRITE BRITE BRITER MINIO MAINT MA	131 WI DED 1101 3001
6111 SW 35 WAY 6111 SW 35 WAY			Y				
GAINESVILLE FL 32908 GAINESVILLE FL 32608							
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 09/06/1994	
2 Principal Pi	lace of Business	2a. Mailing Add	race				annied For
21	26					——————————————————————————————————————	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc	A			Additional
22						La Certificate of Status Desired	Required
City & State City & State						<del></del>	May Be
23							d to Fees
Zip	Country Zip Co		ountry  8. This corporation owes or has paid the current year Intangible				
24	25 29 30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curren	it Registered Agent		81	· ·····	10. Name and Address of New Registered Agent	
DIRIENZO-GLUHAREFF , ALEXIS					Name		
6111 SW 35 WAY GAINESVILLE FL 32808				82	Street Addr	et Address (P.O. Box Number is Not Acceptable)	
				83			
				84	City	<b>■■ 85 Zip</b>	Code
						<b>FL</b> _	
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 registered agont and title if applicable (NOTE: Registered Agont signature required when reinstating)  DATE							
12.	Signature, typed or printed name of registered agor  OFFICERS AN	ID DIRECTORS	(NOTE: Regis		gent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	OPS IN 12
TITLE	D			TITLE		Change	- <del></del>
NAME	DIRIENZO-GLUHAREFF , ALEXIS			1.2 NAME 1.3 STREET ADDRESS		Change	
STREET ADDRESS							[
CITY-ST-ZIP	OARICOMULE EL COCCO			1.4 CITY-ST-ZIP			8
TITLE	D	Пп		TITLE		Change	Addition
NAME	DEMLER, KATHY			NAME		v.	riddilon
STREET ADDRESS	APÀS DAVIBRIA		2.3 5	2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 33579	•	2.4	CITY-ST-	-ZiP	•	ì
TITLE		Пр	·	TITLE		Change	Addition
NAME			3.2	NAME			
STREET ADDRESS			3.3 (	STREET.	ADDRESS		
CITY-ST-ZIP			3,4	CITY-ST	-ZIP		
TITLE		b	ELETE 4.11	TITLE		Change	Addition
NAME			4.21	NAME		•	
STREET ADDRESS			4.3 (	TREET	ADDRESS		
CITY-ST-ZIP		. <u> </u>	4.4 (	CITY-ST-	ZIP		
TITLE		[] o	ELETE 5.11	TITLE		Change	Addition
NAME			5.21	NAME		•	
STREET ADDRESS			5.3 5	TREET	ADDRESS		
CITY-ST-ZIP				CITY-ST-	ZIP		
TITLE		☐ D	ELETE 6.11	ritle		Change	Addition
NAME			6.21	NAME			
STREET ADDRESS			6.3 8	STREET	ADDRESS		
CITY-ST-ZIP			6.41	CITY-ST-	ZIP		

14. 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 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 I changed, or on an attachment with an address.

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