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

PROFIT



FLORIDA DEPARTMENT OF STATE

	UAL REPORT 1996		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCU 1. Corporation	MENT# F	940000659	902 (6	3)			
'	W FINANCE, INC.					1 1 00 /1401 (100 140)(1 410)(1 410)(1 410)(1	tori kolifosija olik oliki bilik ibili belik ilai bili
Principal Place	e of Business	Mailing Ado	lress	-			
879 MASO DAYTONA	ON AVE I BEACH FL 32117		879 MASON AVE DAYTONA BEACH FL 32117				
				,		3. Date Incorporated or Qualified 09/01/1994	3a. Date of Last Report 06/22/1995
2. Principal Pi 21 Suite, Apt.	ace of Business	2a. Mailing .				4. FEI Number 59-3293004	Applied For Not Applicable
City & State		27	ot #. etc.	·		5. Certificate of Status Desired	S8.75 Additional Fee Required
23 Z _I D	Country	28 Zip	(ale			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29 of Current Registered Ag	ent	Countr	y · · · ·	This corporation has liability for Florida Statutes Name and Address of New F	□No
					Name	TO. Name and Address of New F	legistered Agent
433 S	Bert; William n Hlver Beach ave, 104 Ona Beach fl 32118	4		82 83		Address (P.O. Box Number is Not Acceptab	ole)
5.111	DIVI DENOTITE DETTO			84			▶ 85 Zip Code
11. Pursuant to or registers familiar wit	to the provisions of Sections ed agent for both, in the State, and accept the obligation	s 607.0502 and 607.1508, F ate of Floridal Such changer ns of, Section 607.0505, Flo	lorida Statutes vas authorizad	i, the above d by the corp	named co poration's I	rporation submits this statement for the pur board of directors. Thereby accept the appe	pose of changing its registered office pintment as registered agent. I am
SIGNATURE _			ion charines.				
12.		ICERS AND DIRECTORS	(NOTE	Hegistered Age.	nt signature re	Nifec when reinstating ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	DP			1 1 TIFLE	4.7(5) 6		
NAME	WILSON, JACK		1.2 NAME				
STREET ADDRESS	4488 CHALMETTE PT ORANGE FL 32				ADDRESS		
CITY-ST-2IP TITLE	FI ORANGE PL 32		DELETE	1.4 CITY - 9	I - ZiP		
NAME	•	L	DECETE	2 1 TILE 22 NAME		Sect /Theas	Change Addition
STREET ADDRESS				2.3 STREET	ADDRESS	Jeffney T. Baels 193 Howes st. Poat Drange, 71.	Store
CITY - ST - ZIP				2 4 Cily - S	I - ZIP	214 Ag 44 52 11	7 / / 2 -7
TITLE			DELETE	3 1 THILE		Total Orange, FI.	Change Addition
NAME				3.2 NAME	ĺ		
STREET ADDRESS				33 STREE	LADDRESS		
CITY-ST-ZiP				3.4 C(IY - S	I - ZIF		
T TLE			DELETE	4 1 TILLE			Change Addition
NAME STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STHEET			
TITLE			DELETE	4.4 CITY - S 5.1 TITLE	1-712		
NAME		L		5.2 NAME	- 1		☐ Change ☐ Addition
STREET ADDRESS				5.3 STREET	ADORESS		
CITY - ST - ZIF				5.4 CITY - S			
TITLE			DELETE	6 1 TITLE		·	☐ Change ☐ Addition
NAME				6.2 NAME			_ , , ,
STREET ADDRESS				63SIRFFT	ADDRESS		ĺ

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 appears in Block 12 or Block 13 if changed, or on a attachment with an address.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/19/96

904-255-5550 Daylor of Property