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 # **P94000077042 (7)**

1. Corporation Name

WADAKE, INC.

Principal Place of Business	Mailing Address
77 VIA VERONA PALM BEACH GARDENS FL 33218	77 VIA VERONA PALM BEACH GARDENS FL 33218

3. Date Incorporated or Qualified: **10/20/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 Rood Bldg	26 Rood Bldg.
Suite, Apt. #, etc. 22 137 Pearl ST. 4Th FL	Suite, Apt. #, etc. 27 137 Pearl ST. 4Th FL
City & State 23 Grand Rapids, MI	City & State 28 Grand Rapids, MI
Zip 24 49503 Country 25 U.S.A.	Zip 29 49503 Country 30 USA.

4. FEI Number: **65-0527749** ☐ 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

SIEGEL, RONALD L
1800 CORPORATE BLVD. N.W.
SUITE 302
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: C.T. Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.
83
84 City: Plantation **FL** 85 Zip Code: 33324

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 (NEW Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPVS	☐ DELETE	1.1 TITLE	DPVS	☒ Change ☐ Addition
NAME	FROST, CHAD C		1.2 NAME	Frost, Chad C	
STREET ADDRESS	77 VIA VERONA		1.3 STREET ADDRESS	5760 Grand River Dr. NE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33218		1.4 CITY-ST-ZIP	Ada, MI 49301	
TITLE	T	☐ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	FROST, CHAD C		2.2 NAME	Frost, Chad C	
STREET ADDRESS	77 VIA VERONA		2.3 STREET ADDRESS	5760 Grand River Dr. NE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33218		2.4 CITY-ST-ZIP	Ada, MI 49301	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #