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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800001734628

PROFIT CORPORATION ANNUAL REPORT, 1996

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

DOCUMENT # P94000089560 (4)

1. Corporation Name
WIMAUMA GROUP, INC.

Principal Place of Business
2112 NORTH 15TH STREET
SUITE 101
TAMPA FL 33605

Mailing Address
2112 NORTH 15TH STREET
SUITE 101
TAMPA FL 33605

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

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

3. Date Incorporated or Qualified 12/12/1994
3a. Date of Last Report 05/01/1995
4. FEI Number 59-3263790
5. Certificate of Status Desired (3) \$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
~~POPP, GREGORY A ESQ~~
~~101 GEORGE KING BLVD SUITE 4~~
~~CAPE CANAVERAL FL~~

10. Name and Address of New Registered Agent
81 Name Michael D. Sparr
82 Street Address (P.O. Box Number is Not Acceptable) 2112 North 15th Street
83 Suite 101
84 City Tampa FL 85 Zip Code 33605

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, and 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE [Signature] March 4, 1996
(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS
1.1 TITLE DOS
1.2 NAME McMullen, Thomas J
1.3 STREET ADDRESS 101 GEORGE KING BLVD SUITE 4
1.4 CITY-ST-ZIP CAPE CANAVERAL FL
2.1 TITLE DVT
2.2 NAME SPARR, MICHAEL D
2.3 STREET ADDRESS 1009 E CLIFTON ST
2.4 CITY-ST-ZIP TAMPA FL 33604
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE DPS
1.2 NAME McMullen, Jr., Thomas J.
1.3 STREET ADDRESS 2112 North 15th St., Suite 101
1.4 CITY-ST-ZIP Tampa, Florida 33605
2.1 TITLE DVT
2.2 NAME Sparr, Michael D.
2.3 STREET ADDRESS 2112 North 15th St., Suite 101
2.4 CITY-ST-ZIP Tampa, Florida 33605
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address.

SIGNATURE: [Signature] 3/4/96 (813)247-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

3/4/96
3/4/96