			LVED, MINIMUM AMOUNT DUE		1770.	•
PROFIT CORPORATION			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham			
	IAL R EPORT		Secreta	ry of State	1	
•	19 9 8	100	DIVISION OF	CORPORATIONS		
DOCU 1. Corporatio	MENT # P	950000	07983 (6)			
WAVERL	EY ASSOCIATES	S, INC.				
Principal Place of Business Mailing Address				A SOCIONAL LIG TOTAL COLOR DELIVERATION	i mann d'hritt Måidt i hann sanns innen dine lädt.	
21663 NAPA CT. 1191 BOCA RATON FL 33433 122			1191 N FEDERAL HWY			
DOOR HATCH IE SOMO			DELRAY BEACH FL 33483		DO NOT WRIT	E IN THIS SPACE
			US		3. Date Incorporated or Qualified	
2 Principal P	lace of Business		2a. Mailing Address		01/19/1995 4. FEI Number	Applied For
21 //9	1 N. Fesour	HWY	26 Za. Walling Address		65-0565853	Not Applicable
Suite, Apt.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·		27			Fee Required
City & Stat	my beaut.		City & State		Blection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33	Cour	"USA-	Zip 29	Country 30	This corporation owes or has pa Personal Property Tax due June	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
BROWN, MERVYN J 81 Name Brown MERNYN J.						
21663 NAPA CT.				82 Street	Address (P.O. Box Number is No Acceptat	ole),
BOCA RATON FL 33433					1/9/ N. FEDERAL AL	<u> </u>
				83	Sut 122	
				84 City	DELLAY BONCH	FL 85 Zip Code 3
11. Pursuant	to the provisions of se	ections 607.0502 a	nd 607.1508, Florida Statute	s, the above-named o	orporation submits this statement for the pur pration's board of directors. I hereby accept	pose of changing its registered
agent. I	am familiar with, and a	iccept the obligation	17 ection 607.0505. Flo	orida Statutes.	ordinate bound of directions. Thorsely descept	7/27/98
12.	Signature, typnd or printed na		Title if applicable (NC DIRECTORS	TE Registered Agent signature 13.	re required when reinstating) ADDITIONS/CHANGES TO OFF	CEDS AND DIDECTORS IN 12
TITLE	P	OI I RELIGIONIO	DELETE	1.1 TITLE	0	10/20 T
NAME	BROWN, MERVIN	J	المام	1.2 NAMÉ	Blown MERVYN J 1191 N. ROENT HWY, 122	
STREET ADDRESS	21 66 3 NAPA CT.			1.3 STREET ADDRESS	1191 N. ROEAR HWY, 120	
CITY-ST-ZIP	BOCA RATON FL	33433		1.4 CITY-ST-ZIP	DELONY BEACH FL 33483	
TITLE	i vp i bro wn, scott i	VI	DELETE	2.1 TITLE 2.2 NAME	Beusn, Scott M.	Change Addition
NAME STREET ADDRESS	21 66 3 NAPA CT.	141		2.3 STREET ADDRESS	1191 N. FEDOME NUY, 122	
CITY-ST-ZIP	BOCA RATON FL	33433		2.4 CITY-ST-ZIP	1191 N. PEDSTAL HUY, 122 DECENY BENCH FL 32+83	}
TITLE			DELETE	3.1 TIYLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			occ	4.2 NAME		C Sussings C Judanon
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		<u> </u>
TITLE NAME			L DELETE	5.1 TITLE 5.2 NAME		Change Addition
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		

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 if changed, or on an attachment with an address.