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 # P95000040870 (4)

1. Corporation Name
WONDERWERKS, INC.

Principal Place of Business
138 ALHAMBRA PL
WEST PALM BEACH FL 33405

Mailing Address
138 ALHAMBRA PL
WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified: 05/24/1995
3a. Date of Last Report:

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

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number ☐ 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

IGOE, JOHN G
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GOUSSELAND, PIERRE	
STREET ADDRESS	21 DEER PARK DR	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	☐ DELETE
NAME	DAVES, JOEL T	
STREET ADDRESS	P.O. BOX 3032	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	D	☐ DELETE
NAME	JENSEN, BRUCE	
STREET ADDRESS	5838 HALEOLA ST	
CITY-ST-ZIP	HONOLULU HI 96820	
TITLE	D	☐ DELETE
NAME	JENSEN, DONALD C	
STREET ADDRESS	138 ALHAMBRA PL	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	☐ DELETE
NAME	JENSEN, RUTH	
STREET ADDRESS	RT 3 BOX 157-D	
CITY-ST-ZIP	FONTANA WI 53125	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Donald C Jensen 3/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 407-585-8805