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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000055551 (2)

WPW ASSET BASE, INC.

Principal Place of Business

Maling Address

525 EAST MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952 1360 WEST KING STREET COCOA FL 32922



					07/18/1995	3a. Date u	ii Last ne	port
2. Principal Pla	ace of Business	2a. Mailing Address			4. FET Number		TA	pplied For
21		[26]		59-3334561			Not Applicable	
Suite, Apt. #, etc.		State, Apt. #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	÷	Oity & State	y ·		Election Campaign Financing Trust Fund Contribution		S5.00 May Be Added to Fees	
Zip 24	Country Zip Country			This corporation has liability for intangible tax under s 199.032, Florida Statutes				
24 25 29 30 9. Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent				
<u> </u>	2,	it registered Agent	81	Name	IU, Name and Address of New F	egistered M	de iir	
CELIO	ALBEDT D. ESO							
CELIO, ALBERT D ESQ. 976 BREVARD AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)				
ROCKLEDGE FL 32955			83	83				
			84	Cit			las I =	0-1-
ĺ			84	City		FL	 85 Zip	Code
or registere familiar with SIGNATURE	of the provisions of sections our cook and accept the obligations of, Section Spirate breforpolation of the books	da: Such change was autho on 007.0505, Florida Statu	prized by the corp	oration's boa	ration submits this statement for the pur nd of directors. Thereby accept the appr	pose of chang ointment as re	ging its re egistered	egistered office agent. I am
12.	OFFICERS ANI		1 3.		ADDITIONS/CHANGES TO OFF		IBE CLOE	RS IN 12
TITLE	D	DELETE	1 1 TITLE	7	PRESIDENT/D		Change	Addition
NAME	WOOTEN, F. DANIEL		1.2 NAME	'	, , ,		3	_
STREET ADDRESS	7014 NICKLAUS DRIVE		1.3 STREET	ACORESS				
CHTY+ST-ZIP	MELBOURNE FL		14 CF y - S					
TITLE	D	DELFTE	2 · TITLE	V	ICO RESIDENT/	カロ	Change	Addit on
NAME	WOOTEN, DAVID B		2.2 NAME		,			_
STREET ADDRESS	2615 WAGON ROAD		23 STREET	ADDRESS				
CiTY-ST-ZIP	COCOA FL		24 City - S	1- ZP				
TITLE	D	☐ DELETE	3 1 71/16	&	CL/TREAS./D	ال	eriange	Addition
NAME	Poloskey, Robert M		3.2 NAME		/	-		
STREET ADDRESS	54 RIDGE COURT		3.3 STREET	ADDRESS				
City - St - ZiP	ROCKLEDGE FL		3.4 C(T) - S	T - 2 1P				
FITLE		☐ DELETE	4 1 Title				Change	☐ Addition
NAME			4.2 NAM5					
STREET ADDRESS			4 3 STREET	ADDRESS				
CITY - ST - 71P			44 CITY - S	F - 21P				
TITLE		☐ DELETE	5 1 1/11/2				Change	■ Addition
NAME			5.2 NAME	1				
STREET ADDRESS			5 3 S1R2E1	ADOFESS				
CITY - ST - ZIP			5 4 CITY - S	1 - ZIP				
TITLE		☐ DELETE	6 1 TITLE	T.			Change	Add tion
NAME			6.2 NAMÉ					
STREET ADDRESS			63STREET	ADORESS				
CITY - ST - ZIP			6.4 CITY - S					
14. I do hereby	certify that the information supplied v	with this filing is voluntarily fo	im shed and doe	s not qualify f	or the exemption stated in Section 119.	07(3)(k). Florid	la Statute	s. I further

a. To believe the first intermitor supplies with this shirt is shirt in supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Brock 12 or Brock 13 if changed, or on a track-ment with an address.

SIGNATURE:

THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

OLOSKEY 3-12-96 (407)632-222