FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000068127 (6) DOCUMENT #

WAHOO SOUTH, INC.

Principal Place of Business	Mailing Address	
- 8391 E ORANGE AVE FLORAL CITY FL 34436	8391 E ORANGE AVE FLORAL CITY FL 34436	

FILED Apr 29 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	,		
- 8391 E ORANGE AVE FLORAL CITY FL 34436 B391 E ORANGE AVE FLORAL CITY FL 34436		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified
9 Principal Di	and Punipper	De Moiling Address			09/05/1995
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			.	59-3331916 Not Applicable \$8.75 Additional	
				5. Certificate of Status Desired Fee Required	
27				6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current/year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent
SUC	DH E IMER, LUELLENE		8	1 Name	٠, ا
11619 E. STEAMBOAT DRIVE		8	2 Street A	Address (P.O. Box Number is Not Acceptable)	
FLC	DRAL CITY FL 34436				
			8	3	•
			8	4 City	85 Zip Code
					FL Company C
office or re	o the provisions of Sections 607.050 egi <mark>ster</mark> ed agent, or both, in the State in familiar with, and accept the oblig-	of Florida. Such change was au	rthorized I	by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ago	ont and title if applicable. (NOTE: D DIRECTORS		gent signature	required when reinstating) DATE
12.	D OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SUDHEIMER, GEORGE		1.2 NAM		
STREET ADDRESS	11619 E. STEAMBOAT DR.			ET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL		14 CITY		
TITLE	D	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	SUDHEIMER, LUELLENE	_	2.2 NAM		- · - ·
STREET ADDRESS	11619 E. STEAMBOAT DR.		4	ET ADDRESS	No.
CITY-ST-ZIP	FLORAL CITY FL		2. 4 CITY		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAM		
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	,
TITLE	·-	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	ST-ZIP	
TITLE		☐ DELET E	5.1 TITLE		Change Addition
NAME			5.2 NAMI		
STREET ADDRESS			5.3 STRE	T ADDRESS	
CITY-ST-ZIP		The residence	5.4 CITY		P-1
TITLE		☐ DELETE	6.1 TITLE		Li Change Li Addition
NAME			6.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP	27 C. A. M	(a) a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	6.4 CITY	ST-ZIP	d is Continued of O7(0)(1). Find a Continued of the conti

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.