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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000072457 (1)

SPEED WAVZZZ, INC.

Principal Place of Business	Marling Address
4810 W. IRLO BRONSON MEMORIAL HGHWAY KISSIMMEE FL 34746	4810 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE FL 34746-5334

FILED Mar 03 1997 8:00am Secretary of State



								3. Date Incorporal 09/13/1995	ed or Qualified	1	te of Last 1/1996	Report	
2. Principal Place of Business 28. Mailing Address						_		4. FEI Number		ا ساد		Applied For	
			F¬ "	├ ₁				59-3337549				Applied For Not Applicable	
21 26 Suite, Apt #, etc Suite,				e, Apt. #, etc.				00 0001040	,			Additional	
[22] 27				,				5. Certificate of St	atus Desired		7	Required	
City & State City & State							6. Election Campa	ion Financino			0 May Be		
23 28								Trust Fund Con	-			omaybe d to Fees	
Zip		Country	Zip		Countr	rv		8. This corporation has liability for intangible tax under					
24		25	29		30	,		Florida Statutes Yes No					
9. Name and Address of Current Registered Agent								10. Name and Add	<u></u>	-			
KF.	ARNEY, NEW	FY F JR.			8	1	Name						
4040 W IDLO PRONICON MEMORIAL MOUWAY						4		 					
	KISSIMMEE FL 34746					82 Street Address (P.O. Box Number is Not Acceptable)							
NISSIMMEE PL 34/40						33							
İ						1							
					84	4	City			FL	85 Zi	o Code	
44 5			07.0100 1.007.1500.5	The state of the state of the				ti bite this as			<u></u>	ita saaiatasad	
office or	r registered age	int, or both, in the	07 0502 and 607.1508, F State of Florida, Such o	thance was a	uthorized t	Dν	the corpor	rporation submits this st ation's board of director	atement for the p s. I hereby accer	orpose or of the appo	cnanging ointment i	i its registered as registered	
agent I	arp lappliar with	h, and accept the	obligations of, Section	607.0505, Flo	rida Statute	es .				• •			
SIGNATURE	XNIA S	SHME		NEWE				NEY JR.	V PRES		2-1	4-97	
	* sfigir flame, typed o		leved agent and title Lappicable.	(NOTE	Registered A	gen	it signature réq	uired when reffishating) ADDITIONS/CHA	NOTO TO OFFIC	DATE	DIDECT	ODC IN 10	
12.	Th 7 7		RS AND DIRECTORS	DELETE				ADDITIONS/CHA	INGES TO OFFIC	ENS AND	Change		
1:TLE	D V, P			T DECE IE	1 1 TITLE		1				Lange	- LLJ Addition	
NAMI	ANALYZ IDLO ODONOON MENODIAL HORMAN				1.2 NAME	1							
\$1REET ADDRESS						STREET ADDRESS							
CHTY-ST-ZIF	KISSIMMEE FL 34746						- ZIP						
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NAME					2 2 NAME	E							
STREET ADDRESS					2 3 STREE	2 3 STREET ADDRESS							
CITY - ST - ZIF	KISSIMMEE FL 34746					- S1	T-ZIP						
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STREET ADORESS	s	333				ET /	adoress						
CITY-ST-ZIP		3.4.0					T- ZIP						
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NAME					4. 2 NAM	!E]						
STREET ADURESS	s				4.3 STRE	ET A	ADDRESS						
CHTY-ST 7IP					4.4 CITY	- ST	1-21P						
TITLE				DELETE	5.1 TITLE		-		····		Change	Addition	
NAMÉ					5.2 NAME	E	- 1						
STREET ADDRESS	e						ADDRESS						
F	.1				5.4 CITY		1						
DITY-ST-7/P TITLE				DELETE	61 TITLE		- EIF				Chang	e Addition	
NAMÉ			<u>t.</u> .		6.2 NAMI						ورسدات سب	tand 1 100 (101)	
	.						ADDOLOG						
STREET ADDRESS	5						ADDRESS						
C-TY - ST - ZIP	1				6.4 CITY	-ST	I-ZIP						

14. I do 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.

SIGNATURE

TATURE AND TYPE O OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

1. PRES. 2-14-97

407-390-0201