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Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000082994 (1)

1. Corporation Name  
WABL, INC.

Principal Place of Business  
4724 DEER ROAD  
ORLANDO FL 32812

Mailing Address  
4724 DEER ROAD  
ORLANDO FL 32812-8209



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1995		3a. Date of Last Report 09/06/1996	
21		26		4. FEI Number 59-3368568		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent BOYD, WILLIAM 1221 W. COLONIAL, STE. 103 ORLANDO FL 32804				10. Name and Address of New Registered Agent 81 Name NATHAN BRAUD 82 Street Address (P.O. Box Number is Not Acceptable) 1255 FOREST DRIVE 83 84 City De Leon Springs FL 85 Zip Code 32130			
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 607.0503, Florida Statutes.							
SIGNATURE				DATE			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	
NAME	HARRISON, ROBERT W	1.2 NAME	
STREET ADDRESS	4724 DEER ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32812	1.4 CITY - ST - ZIP	
TITLE	<del>STD</del>	2.1 TITLE	<del>STD</del>
NAME	<del>THINKA, JEFFREY T</del>	2.2 NAME	<del>WILLIAM L. TAYLOR</del>
STREET ADDRESS	<del>4724 DEER ROAD</del>	2.3 STREET ADDRESS	<del>5111 Lake Howell Rd.</del>
CITY - ST - ZIP	<del>ORLANDO FL 32812</del>	2.4 CITY - ST - ZIP	<del>WINTER PARK, FL 32792</del>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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: *[Signature]* DATE: 4/12/97  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* DATE: 4/12/97  
4072828328

CR2E034 (9/96)