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

DOCUMENT #

P95000082994 (1)

WABL, INC.

Principal Place of Business	Mailing Address			
4724 DEER ROAD	4724 DEER ROAD			
ORLANDO FL 32812	ORLANDO EL 32812			

FILED Apr 28 1998 8:00am Secretary of State



4724 DEER (ORLANDO F	L 39812	4724 DEER ROAD ORLANDO FL 32812		_		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/30/1995		
2. Principal P	flace of Business	2a. Mailing Address 26) — — — — — — — — — — — — — — — — — — —	olied For Applicable	
Suite, Apt.	W. elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Regulred			
City & Stat	6	City & State		_		6. Election Campaign Financing \$5.00	May Be	
23 Zip	Country	28 Ζιρ	Cou	ntrv		8. This corporation owes or has paid the current year Inta		
24	25	29	30			Personal Property Tax due June 30. Yes 🔀 No		
R	p. Name and Address of CurreRAND, NATHAN	ni Hegisterec Agent		81	Name	10. Name and Address of New Registered Agent		
1255 FARRELL DRIVE				82	Street A	Address (P.O. Box Number is Not Acceptable)		
DE	E LEO N SPRINGS FL 32130		Ì	83				
			ł					
]	84	City	FL 85 Zip C		
office or r agent. I a SIGNATURE	to the provisions of Sections out, registered agent, or both, in the State of familial with and accept the oblig	VATUAN) BRAL	W		Ac	corporation submits this statement for the purpose of changing its oration's board of directors. I hereby accept the appointment as required when re-installing)	egistered	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD Harrison, Robert W	DELETE	1.1 10		ļ	Change	Addition	
NAME STREET ADDRESS	4724 DEER ROAD		1.2 NAM 1.3 STB		ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32812		1.4 Ci		Y			
TITLE	STD	DELETE	2.1 TITL			☐ Change	Addition	
NAME	TAYLOR, WILLIAM L. 22N					į		
STREET ADDRESS CITY-ST-ZIP	HM PPOD LOV EL				ADDRESS 1-ZIP			
TITLE	DELETE 3.1 TI				1-211	Change	Addition	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CI		T - ZIP	Change	☐ Addition	
NAME			4, 2 N/			Change	☐ Vagition	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4 4 CH	IY-S1	-ZIP			
TITLE		☐ DELETE				Change	Addition	
NAME OTDECT ADDRESS			5.2 NA		*******			
STREET ADDRESS CITY-ST-ZIP			5.3 ST		ADDRESS			
TITLE		DELETE	6.1 TIT		- FIL	Change	Addition	
NAME			6.2 NA	ME	j			
STREET ADDRESS			6.3 ST	REET /	address			
CITY-ST-ZIP	partify that the information symplicidy	20. Al	6.4 CH			d in Section 110 07/27/1) Storida Statutes Lituribar certifu that the		

Interpose the process of the corporation supplied with first time information stated in Section 119.07(3)(I), Frorta 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 trusted 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.