SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000093509 (4)**

1. Corporation Name
WANE SERVICES CORP.

Principal Place of Business	Mailing Address
11649 MANDARIN TERRACE ROAD JACKSONVILLE FL 32223	POST OFFICE BOX 23375 JACKSONVILLE FL 32241

3. Date Incorporated or Qualified: 12/08/1995
3a. Date of Last Report:

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt #, etc. (22) / Suite, Apt #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-3366129 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: WAYNE LOUIS OEHLMAN
82 Street Address (P.O. Box Number is Not Acceptable): 11649 MANDARIN TERRACE RD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32223

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 607.0505, Florida Statutes.

SIGNATURE: Wayne Louis Oehlman 7/22/96
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required if Box 10 completed) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OEHLMAN, WAYNE LOUIS 11649 MANDARIN TERRACE ROAD JACKSONVILLE FL 32223	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ACUNA, ALBERT 11649 MANDARIN TERRACE ROAD JACKSONVILLE FL 32223	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition VD Acuna, Albert 1341 David Ln Milpitas, CA 95035
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD OEHLMAN, EMILY R 11649 MANDARIN TERRACE ROAD JACKSONVILLE FL 32223	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUZMAN, ELEANOR 11649 MANDARIN TERRACE ROAD JACKSONVILLE FL 32223	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition D Guzman, Eleanor 1341 David Ln. Milpitas, CA 95035
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUZMAN, NICANOR 11649 MANDARIN TERRACE ROAD JACKSONVILLE FL 32223	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☒ Change ☐ Addition D Guzman, Nicanor 1341 David Ln. Milpitas, CA 95035
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACUNA, JULIE 11649 MANDARIN TERRACE ROAD JACKSONVILLE FL 32223	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☒ Change ☐ Addition D Acuna, Julie 1341 David Ln. Milpitas, CA 95035

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne Louis Oehlman 7/22/96 904-772-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WAYNE LOUIS OEHLMAN

CR2E034 (3/96)