


FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Jan 31 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morin</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000094619 (0)</b> 1. Corporation Name <b>W.S.O. INC.</b>					
Principal Place of Business <b>1200 ROYAL PALM BEACH BLVD.          ROYAL PALM BEACH FL 33411</b>			Mailing Address <b>1200 ROYAL PALM BEACH BLVD.          ROYAL PALM BEACH FL 33411-1</b>		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>12/11/1995</b>	
<b>3a. Date of Last Report</b> <b>05/01/1996</b>		<b>4. FEI Number</b> <b>65-0622230</b>		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>ALBERT J. NARBONNE</b> <b>14281 ORANGE BLVD.</b> <b>LOXAHATCHEE FL 33470</b>					
<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1002 LANDINGS BLVD.</b> 83 84 City <b>W PALM BEACH</b> <b>FL</b> 85 Zip Code <b>33413</b>					
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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.</b> SIGNATURE: <i>Albert J. Narbonne</i> DATE: <b>1/27/97</b> (Signature typed or printed on behalf of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)					
<b>12. OFFICERS AND DIRECTORS</b>					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ALBERT NARBONNE</b> <b>1002 LANDINGS BLVD</b> <b>W PALM BEACH FL 33413</b>					
<b>14. I do hereby certify that the information supplied with this filing does not qualify for 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.</b> SIGNATURE: <i>Albert J. Narbonne</i> DATE: <b>1/27/97</b> DAYTIME PHONE: <b>561-795-5633</b> (Signature typed or printed on behalf of signing officer or director)					

CR2E034 (9/96)