


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

03407

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90041 039 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000095149</b>					
1. Corporation Name <b>WAMNET ENTERPRISE, INC.</b>					
Principal Place of Business <b>C/O ANDREW MASSIAS 123 NW 13TH STREET 214-12 BOCA RATON FL 33432 US</b>			Mailing Address <b>C/O DAVID LOPEZ 123 NW 13TH STREET #214-12 BOCA RATON FL 33432</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 <b>C/O Andrew Massias</b>		01/02/1996	
22 City & State		27 <b>123 NW 13th St #214-12</b>		4. FEI Number	
23 Zip		28 <b>BOCA RATON, FLORIDA</b>		65-0632776	
24 Country		29 <b>33432</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MASSIAS, ANDREW 123 NW 13TH ST 214-12 BOCA RATON FL 33432			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 <b>Andrew Massias</b> / PRESIDENT DATE <b>3-16-99</b>					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>MASSIAS, ANDREW</b>					
1.3 STREET ADDRESS <b>123 NW 13TH ST 214-12</b>					
1.4 CITY-ST-ZIP <b>BOCA RATON FL</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
01/02/1996	
4. FEI Number	Applied For
65-0632776	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 <b>Andrew Massias</b> / PRESIDENT		DATE <b>3-16-99</b>	
(NOTE: Registered Agent signature required when reinstating)			
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5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: **Andrew Massias** 3-16-99 561-392-9422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)