FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Apr 22 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State 199B DIVISION OF CORPORATIONS Secretary of State DOCUMENT# **២**96000005310 (3) 1. Corporation Name WE WOW THEM, INC. Principal Place of Business Mailing Address 300 SHEOAH BLVD. 300 SHEOAH BLVD # 1107 UNIT 1107 WINTER SPRINGS, FL 32708 3. Date Incorporated or Qualified | 3a. Date of Last Report WINTER SPRINGS, FL 01/12/96 1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3358325 Not Applicable Suite, Apt. #. etc. 8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be City & State 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes No Florida Statutes 30] 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLER, FRANK L. III Street Address (P.O. Box Number is Not Acceptable) 300 SHEOAH BLVD. #1107 83 WINTER SPRINGS, FL 84 City Zip Code 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 807.0505, Florida Statutes SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition MILLER, FRANK L. III 300 SHEOAH BLVD. #1107 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS, FL 32708 CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE 2.1 TITLE DELETE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP TITLE 3.1 TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE 4.1 TITLE Addition DELETE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE 5.1 TITLE DELETE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE 6.1 TITLE 400002496666 DELETE NAME 6.2 NAME -04/22/98--01022-022 ***158.75 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attackment with an adaptes. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1