

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG 15 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000076482 (4)

1. Corporation Name
WONDER WET, INC.



Principal Place of Business
401 GOLDEN ISLE DRIVE
APT. 804
HALLANDALE FL 33009

Mailing Address
401 GOLDEN ISLE DRIVE
APT. 804
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2300 DIANA DRIVE

2a. Mailing Address

25 2300 DIANA DR.

Suite, Apt. #, etc.

22 SUITE 304

Suite, Apt. #, etc.

27 SUITE 304

City & State

23 HALLANDALE FLA

City & State

28 HALLANDALE FLA

Zip

24 33009

Country

25 USA

Zip

29 33009

Country

30 USA

g. Name and Address of Current Registered Agent

CATELAIN, CAROLINE C
401 GOLDEN ISLE DRIVE
APT. 804
HALLANDALE FL 33009

3. Date Incorporated or Qualified

09/13/1996

3a. Date of Last Report

4. FEI Number

65-0704748

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

GARY WAECHTER

82 Street Address (P.O. Box Number is Not Acceptable)

2300 DIANA DR # 304

83

84 City

HALLANDALE

FL

85 Zip Code

33009

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-10-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CHATELAIN, CAROLINE C
STREET ADDRESS 401 GOLDEN ISLE DRIVE, APT 804
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT ☒ Change ☐ Addition

12 NAME GARY WAECHTER
13 STREET ADDRESS 2300 DIANA DR., SUITE 304
14 CITY-ST-ZIP HALLANDALE, FL 33009

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 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.

CR2E034 (4/97)