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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 897060071778

1. Corporation Name
WARSH-A-MANIA INC.

Principal Place of Business: 1415 E JORDAN ST, PENSACOLA FL 32503
Mailing Address: 1515 E JORDAN ST, PENSACOLA FL 32503

3. Date Incorporated or Qualified: 08/19/97
3a. Date of Last Report: 1997

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number (59-3465553) Applied For (Not Applicable)
5. Certificate of Status Desired (Fee Required: \$8.75 Additional)
6. Election Campaign Financing (Trust Fund Contribution: \$5.00 May Be Added to Fees)
8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes (X) Yes () No

9. Name and Address of Current Registered Agent: KARL E WEINGARTEN, 1415 E JORDAN ST, PENSACOLA FL 32503
10. Name and Address of New Registered Agent: 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 TITLE: D [] DELETE
 NAME: FRANK D ABBOTT JR
 STREET ADDRESS: 1415 E JORDAN ST
 CITY-ST-ZIP: PENSACOLA FL 32503
 TITLE: D [] DELETE
 NAME: KARL E WEINGARTEN
 STREET ADDRESS: 1415 E JORDAN ST
 CITY-ST-ZIP: PENSACOLA FL 32503
 TITLE: [] DELETE
 NAME: []
 STREET ADDRESS: []
 CITY-ST-ZIP: []
 TITLE: [] DELETE
 NAME: []
 STREET ADDRESS: []
 CITY-ST-ZIP: []
 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
 1.1 TITLE [] Change [] Addition
 1.2 NAME []
 1.3 STREET ADDRESS []
 1.4 CITY-ST-ZIP []
 2.1 TITLE [] Change [] Addition
 2.2 NAME []
 2.3 STREET ADDRESS []
 2.4 CITY-ST-ZIP []
 3.1 TITLE [] Change [] Addition
 3.2 NAME []
 3.3 STREET ADDRESS []
 3.4 CITY-ST-ZIP []
 4.1 TITLE [] Change [] Addition
 4.2 NAME []
 4.3 STREET ADDRESS []
 4.4 CITY-ST-ZIP []
 5.1 TITLE [] Change [] Addition
 5.2 NAME []
 5.3 STREET ADDRESS []
 5.4 CITY-ST-ZIP []
 6.1 TITLE [] Change [] Addition
 6.2 NAME: 500002450745
 6.3 STREET ADDRESS: -04/16/98--01041--021
 6.4 CITY-ST-ZIP: ***150.00

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 for 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 of the receipt 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 as an attachment with an address.

SIGNATURE: _____ Date: 3/31/98 Daytime Phone # _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR