SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082353 (8)

WEN-FOUR FLORIDA, INC.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 4712 EASTBOURNE DRIVE 4712 EASTBOURNE DRIVE ROSWELL GA 30075 ROSWELL GA 30075 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible Yes No 29 24 Personal Property Tax due June 30. 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GRIGGS, RICHARD 81 Name 1785 LAKEMONT CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) MIDDLEBÜRG FL 32068 **B3** 84 City Zip Code 85 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 od or printed name of registered agent and little if applicable (NOTE: Registered Agent signature regulred when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE resident DECEME NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP I.4 CITY-ST-ZIP TITLE 2.1 TITLE L_ DELETE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-SY-ZIP TITLE 3.1 TATLE DELETE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 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 attacking with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

DELETE

DELETE

CR2E034 (5/98)

70-998-/33

___ Change

Change

Addition

Addition

FILED

Jul 16 1998 8:00am

Secretary of State