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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088758

1. Corporation Name WAYNE IMPORTS INC.

Principal Place of Business 3 JENNY LANE KEY LARGO FL 33037

Mailing Address 3 JENNY LANE KEY LARGO FL 33037



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/15/1997

21. Principal Place of Business Suite, Apt. #, etc.

2a. Mailing Address Suite, Apt. #, etc.

4. FEI Number 65-0787344

Applied For Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. Zip Country

28. Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. 25. 29. 30.

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 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

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS (Title, Name, Street Address, City-ST-ZIP, DELETE checkbox)

Table with 5 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4, Change/Addition checkboxes)

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)