FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 HM -5 FM 1: LO **DOCUMENT #** P97000104464 (7) WCRWDW, INC. Principal Place of Business Mailing Address 24840 BURNT DRIVE 24840 BURNT DRIVE SUITE 4 SUITE 4 BONITA SPRINGS FL 34134 **BONITA SPRINGS FL 34134** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3494 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \mathbf{X} 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. ΠNo 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVE. 82 Street Address (P.O. Box Number is Not Acceptable) 24840 Bust STE. 200 83 TALLAHASSEE FL 32302 11. Pursuant to the previsions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam familiar with, and accept the dulipartors of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELETE Change Addition TITLE 1.1 TITLE CARVER, DOUGLAS J NAME 1.2 NAME 24840 BURNT DRIVE, SUITE 4 STREET ADDRESS 1.3 STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-7IF 1.4 CHTY - ST - ZIP 2552989-DELETE 2.1 TITLE Addition TITLE 2.2 NAME NAME -06/03/98--01072--001 2.3 STREET ADDRESS STREET ADDRESS ****150.00 ****150.00 2 4 CITY - S1 - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5 1 THUE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-7IP 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 frue 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.

(10/97)