May 03, 1999 8:00 am Secretary of State

05-03-1999 90013 024 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # DOSOCOO1135

Corporation WAYDOF	R GROUP INTERNATIONAL	•						
Principal Place	of Business	Mailing Address			'e idibitati isa insei	Gitt anter ånter anter nam); 48 (8) (184) (1886)	11161 6111 1661
5852 CREST LA	INE .	PO BOX 5566						,
LAKELAND FL 33813 LAKELAND FL 33807						DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or		3 BFACE	
					01/05/1998	Ghamed	•	
2. Principal Pl	ace of Business	2a. Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number		Apr	olied For
21	:	26			59-33238	3 L i.	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	
22 27					5. Certifcate of Status Desired Fee Required			quired
City & State City & State					6. Election Campaign F	inancing	\$5.00 1	
23 28					Trust Fund Contribut	ion	Added to	Fees
Zip Country Zip 24 25 29 3		¬		, I , , , , , , , , , , , , , , , , , ,	8. This corporation owes the current year Intangible Personal Property Tax. Yes			
24	9 Name and Address of Curre		<u>, </u>		10. Name and Address			·
•			81	Name				
WALLACE, C. WAYNE			82	Stroot Ad	dress (P.O. Box Number is N	ot Accentable)		
5852 CREST LANE			102	Silest Vo	diess (F.O. Dox Natitioer is ju	y Acceptable)		
LAKE	ELAND FL 33813	•	83					
			84	City			. 85 Zip C	ode
			-	1 "		F	┗	ļ
office or re agent. I ar	to the provisions of Sections 607.05 agistered agent, or both, in the State in familiar with, and accept the oblight Signature, typed or printed name of registered ag	e of Florida. Such change was auti- lations of, Section 607,0505, Florid	nonzed by la Statutes.	the corpora	ition's board of directors. Thei	DATE	Ontinent as reg	JISIE160
12.		ND DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS A		
TITLE	D	☐ DELETE ~	1.1 TITLE				☐ Change .	Addition
NAME .	WALLACE, C. WAYNE		1.2 NAME	1				
STREET ADDRESS	5852 CREST LANE		1.3 STREET ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-ST-ZIP				☐ Change	Addition
TITLE	. □ OELETE		2.1 TITLE		•		☐ Ottende	(
NAME .	•		2.2 NAME					
STREET ADDRESS	. · · · · · .		2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-S 3.1 TITLE	T-ZIP	**		Change	Addition
TITLE			32 NAME					_
NAME			3.3 STREET	r ADDOESS				
STREET ADDRESS			3.4. CITY-S	L L				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME	İ				
STREET ADDRESS			4.3 STREET	ADDRESS		-		
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME	* *		5.2 NAME	į		•		
STREET ADDRESS			5.3 STREET	TADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP				
TITLE		☐ DELETE	6.1 TTLE				Change	Addition
NAME			6.2 NAME					
070000000000000000000000000000000000000		•	6.3 STREET	TADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP.