


FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90034 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000007316

1. Corporation Name
WWAG, INC.

Principal Place of Business 1000 WESTWIND WAY BARTOW FL 33830-8725	Mailing Address 1000 WESTWIND WAY BARTOW FL 33830-8725
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9012 Herring St. Suite, Apt. #, etc. 22 City & State 23 Cape Canaveral, FL. Zip Country 24 32920 25 USA		2a. Mailing Address 26 P. O. Box 572 Suite, Apt. #, etc. 27 City & State 28 Cape Canaveral, FL. Zip Country 29 32920 30 USA		3. Date Incorporated or Qualified 01/23/1998	
		4. FEI Number 59-3487795		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEALEJANDRO, BALDOMERO 1000 WESTWIND WAY BARTOW FL 33830-8725				10. Name and Address of New Registered Agent			
				81 Name Patrick T. Lee			
				82 Street Address (P.O. Box Number is Not Acceptable) 9012 Herring St.			
				83			
				84 City Cape Canaveral		85 Zip Code FL 32920	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Patrick T. Lee* DATE: 4/16/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEALEJANDRO, BALDOMERO	1.2 NAME	
STREET ADDRESS	1000 WESTWIND WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830-8725	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, PATRICK T	2.2 NAME	
STREET ADDRESS	9012 HERRING STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 attachment) with an address with all other like empowered.

SIGNATURE: *Patrick T. Lee* DATE: 4/2/99 DAYTIME PHONE #: 407 783 9623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)