

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90062 036 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000015026**

1. Corporation Name

W.O.M. USA IPM+T, INC.

Principal Place of Business

1400 W FAIRBANKS AVE  
SUITE 102  
WINTER PARK FL 32789

Mailing Address

1400 W FAIRBANKS AVE  
SUITE 102  
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1998

4. FEI Number

59-3493856

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPDIRECT AGENTS  
103 N MERIDIAN STREET  
LOWER LEVEL  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
 NAME: WIEST, PETER P  
 STREET ADDRESS: KAISERIN-AUGUSTA-ALLEE 113  
 CITY-ST-ZIP: D-10553 BERLIN GERMANY
1.2 NAME ☐ DELETE
 NAME: WIEST, SANDRA  
 STREET ADDRESS: KAISERIN-AUGUSTA-ALLEE 113  
 CITY-ST-ZIP: D-10553 BERLIN GERMANY
1.3 STREET ADDRESS ☐ DELETE
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:
1.4 CITY-ST-ZIP ☐ DELETE
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:
1.5 CITY-ST-ZIP ☐ DELETE
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:
1.6 CITY-ST-ZIP ☐ DELETE
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 PRESIDENT  
 NAME: WIEST, PETER P  
 STREET ADDRESS: 7486 LAKE MARSHA DR  
 CITY-ST-ZIP: ORLANDO FL 32819
2.1 TITLE ☐ Change ☐ Addition
 VICE PRESIDENT  
 NAME: WIEST, SANDRA  
 STREET ADDRESS: 7486 LAKE MARSHA DR  
 CITY-ST-ZIP: ORLANDO FL 32819
2.2 NAME ☐ Change ☐ Addition
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:
2.3 STREET ADDRESS ☐ Change ☐ Addition
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:
2.4 CITY-ST-ZIP ☐ Change ☐ Addition
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:
2.5 CITY-ST-ZIP ☐ Change ☐ Addition
 NAME:  
 STREET ADDRESS:  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

Daytime Phone #

CR2E034 (11/98)