

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90053 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000097485

1. Corporation Name
WAHOO DISTRIBUTION, INC.



Principal Place of Business 2301 MAITLAND CENTER PARKWAY, STE. 240 MAITLAND FL 32751	Mailing Address 2301 MAITLAND CENTER PARKWAY, STE. 240 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 600 Technology Park Suite, Apt. #, etc. 22 Suite 100 City & State 23 LAKE HARY, FL Zip 24 32746		2a. Mailing Address 26 600 Technology Park Suite, Apt. #, etc. 27 Suite 100 City & State 28 LAKE HARY, FL Zip 29 32746		3. Date Incorporated or Qualified 11/19/1998	
		4. FEI Number 59- 355 0427		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 ASHTON, JAMES P 2301 MAITLAND CENTER PARKWAY, STE. 240 MAITLAND FL 32751		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ASHTON, JAMES P <input type="checkbox"/> DELETE	1.1 TITLE	P Jeffrey B. Alexander <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHTON, JAMES P	1.2 NAME	Jeffrey B. Alexander
STREET ADDRESS	2301 MAITLAND CENTER PARKWAY, STE. 240	1.3 STREET ADDRESS	600 Technology Park Ste 200
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	LAKE HARY, FL 32746
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DAVID J. DER HAGOPIAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DAVID J. DER HAGOPIAN
STREET ADDRESS		2.3 STREET ADDRESS	2301 MAITLAND CENTER PARKWAY STE 240
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S W. JOHN CHUPLIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	W. JOHN CHUPLIS
STREET ADDRESS		3.3 STREET ADDRESS	2301 MAITLAND CENTER PARKWAY STE 240
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D RONALD KOHUT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RONALD KOHUT
STREET ADDRESS		4.3 STREET ADDRESS	2301 MAITLAND CENTER PARKWAY STE 240
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MAITLAND, FL 32751
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 all other like empowered.

SIGNATURE: Jeffrey B. Alexander 4/15/99 (407) 444-0446
Date Daytime Phone #