

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

(404) 487-6013 - *lingel*

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97 APR 28 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S42360

(5)

1. Corporation Name  
WOL INC.Principal Place of Business  
13677 FEATHER SOUND DRIVE  
SUITE 500  
CLEARWATER FL 34622-5550Mailing Address  
13677 FEATHER SOUND DRIVE  
SUITE 500  
CLEARWATER FL 34622-5550

|                                                                                                                                                             |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>03/26/1991                                                                                                             | 3a. Date of Last Report<br>07/24/1996 |
| 4. FEI Number<br>59-3059039                                                                                                                                 | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

2. Principal Place of Business

2a. Mailing Address

81 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

82 City &amp; State

27 City &amp; State

83 Zip

Country

28 Zip

Country

84 g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNCH, WILLIAM J. III  
13577 FEATHER SOUND DRIVE  
SUITE 500  
CLEARWATER FL 34622-5550

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-2)

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | D                         | <input type="checkbox"/> DELETE |
| NAME           | LYNCH, WILLIAM J          |                                 |
| STREET ADDRESS | 13577 FEATHER SOUND DRIVE |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 34622-5550  |                                 |

|                    |                                     |                                                                              |
|--------------------|-------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | D/P                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Lynch, William J. III               |                                                                              |
| 1.3 STREET ADDRESS | 13577 Feather Sound Drive, Ste. 500 |                                                                              |
| 1.4 CITY-ST-ZIP    | CLEARWATER, FL 34622                |                                                                              |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |                                  |                                                                              |
|--------------------|----------------------------------|------------------------------------------------------------------------------|
| 2.1 TITLE          | V                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Theall, Sharon M.                |                                                                              |
| 2.3 STREET ADDRESS | 13577 FEATHER SOUND DR. STE. 500 |                                                                              |
| 2.4 CITY-ST-ZIP    | CLEARWATER, FL 34622             |                                                                              |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |                                     |                                                                              |
|--------------------|-------------------------------------|------------------------------------------------------------------------------|
| 3.1 TITLE          | V                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Longino, Michael                    |                                                                              |
| 3.3 STREET ADDRESS | 13577 Feather Sound Drive, Ste. 500 |                                                                              |
| 3.4 CITY-ST-ZIP    | CLEARWATER, FL 34622                |                                                                              |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |                                     |                                                                              |
|--------------------|-------------------------------------|------------------------------------------------------------------------------|
| 4.1 TITLE          | V                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Rhonda Miller                       |                                                                              |
| 4.3 STREET ADDRESS | 13577 Feather Sound Drive, Ste. 500 |                                                                              |
| 4.4 CITY-ST-ZIP    | CLEARWATER, FL 34622                |                                                                              |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |                                                                   |
| 5.3 STREET ADDRESS |  |                                                                   |
| 5.4 CITY-ST-ZIP    |  |                                                                   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |                                                                   |
| 6.3 STREET ADDRESS |  |                                                                   |
| 6.4 CITY-ST-ZIP    |  |                                                                   |

14. I go hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

*Sharon M. Theall*

4/24/97

813-572-0000

617-728-8626