

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S79692 (7)

1. Corporation Name
WADI, INC.



Principal Place of Business: **1625 VIRGINIA DRIVE CLERMONT FL 34711 US**
Mailing Address: **1625 VIRGINIA DRIVE CLERMONT FL 34711 US**

3. Date Incorporated or Qualified: **09/12/1991**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

4. FEI Number: **59-3116887**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAYNOR, RICHARD
1625 VIRGINIA DRIVE
CLERMONT FL 34711**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFF, RICHARD L.	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 120659 "N/A"	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYNOR, RICHARD E.	2.2 NAME	
STREET ADDRESS	1625 VIRGINIA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYNOR, MICHAEL A.	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 600 "N/A"	3.3 STREET ADDRESS	226 DARK DR.
CITY-ST-ZIP	MINNEOLA FL	3.4 CITY-ST-ZIP	Leesburg FL 34748
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUESSLER, S. KEITH	4.2 NAME	
STREET ADDRESS	7543 MEAGAN ELLISA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Richard E. Gaynor **RICHARD E. GAYNOR #11816** 352-394-2067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)