


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

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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S79692 (7)</b>					
1. Corporation Name <b>WADI, INC.</b>					
Principal Place of Business <b>1625 VIRGINIA DRIVE CLERMONT FL 34711 US</b>			Mailing Address <b>1625 VIRGINIA DRIVE CLERMONT FL 34711-3446 US</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country			2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		
3. Date Incorporated or Qualified <b>09/12/1991</b>			3a. Date of Last Report <b>04/24/1996</b>		
4. FEI Number <b>59-3116887</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			<b>\$5.00</b> 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					
9. Name and Address of Current Registered Agent <b>GAYNOR, RICHARD 1625 VIRGINIA DRIVE CLERMONT FL 34711</b>			10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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: <i>Richard Gaynor</i> DATE: <b>4/2/97</b> <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D</b> <b>HUFF, RICHARD L.</b> <b>POST OFFICE BOX 120659 "N/A"</b> <b>CLERMONT FL</b> <input checked="" type="checkbox"/> DELETE			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <b>D</b> <b>HICKEY, WILLIAM M.</b> <b>16624 ORANGE AVE</b> <b>UMATILLA FL.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>P</b> <b>GAYNOR, RICHARD E.</b> <b>1625 VIRGINIA DRIVE</b> <b>CLERMONT FL</b> <input type="checkbox"/> DELETE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D</b> <b>GAYNOR, MICHAEL A.</b> <b>726 PARK DR</b> <b>LEESBURG FL</b> <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D</b> <b>SCHUESSLER, S. KEITH</b> <b>7543 MEAGAN ELLISA LANE</b> <b>ORLANDO FL</b> <input type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. I do 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. SIGNATURE: <i>Richard Gaynor</i> DATE: <b>4/2/97</b> (352) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # <b>394-2067</b>					

CR2E034 (9/96)