

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

**FILED**

**Apr 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S79692 (7)**  
 1. Corporation Name  
**WADI, INC.**



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>
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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 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

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	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		B5 FL	B6 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: Richard Gaynor DATE: 4/2/97  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUFF, RICHARD L.</b>	1.2 NAME	<b>HICKEY, WILLIAM M.</b>
STREET ADDRESS	<b>POST OFFICE BOX 120659 "N/A"</b>	1.3 STREET ADDRESS	<b>16624 ORANGE AVE</b>
CITY - ST - ZIP	<b>CLERMONT FL</b>	1.4 CITY - ST - ZIP	<b>UMATILLA FL.</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAYNOR, RICHARD E.</b>	2.2 NAME	
STREET ADDRESS	<b>1625 VIRGINIA DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLERMONT FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAYNOR, MICHAEL A.</b>	3.2 NAME	
STREET ADDRESS	<b>726 PARK DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEESBURG FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUESSLER, S. KEITH</b>	4.2 NAME	
STREET ADDRESS	<b>7543 MEAGAN ELLISA LANE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	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 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: Richard Gaynor DATE: 4/2/97 DAYTIME PHONE # 394-2067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)