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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V26358** **(4)**

1. Corporation Name
WOOSH, INC.

Principal Place of Business	Mailing Address
100 SOUTHPARK BLVD. SUITE 407 ST. AUGUSTINE FL 32086 US	100 SOUTHPARK BLVD. SUITE 407 ST. AUGUSTINE FL 32086-5173 US

3. Date Incorporated or Qualified: 04/03/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 16 NAVARRA CT.
Suite, Apt. #, etc.
22
City & State
23 ST. AUGUSTINE, FL
Zip 24 32086 Country 25 ST. JOHNS

2a. Mailing Address
26 P.O. BOX 860101
Suite, Apt. #, etc.
27
City & State
28 ST. AUGUSTINE, FL
Zip 29 32086-0101 Country 30 ST. JOHNS

4. FEI Number: 59-3119506 ☐ 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
EBERLING, ROBERT A
1400 OLD DIXIE HWY
SUTIE E
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent
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 _____ DATE _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAOLINI, PASQUALE 100 SOUTH PARK BLVD., SUITE 407 ST. AUGUSTINE FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 16 NAVARRA CT. ST. AUGUSTINE, FL 32086
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT CLAUDIA PAOLINI 16 NAVARRA CT. ST. AUGUSTINE, FL 32086 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition VICE PRESIDENT CLAUDIA PAOLINI 16 NAVARRA CT. ST. AUGUSTINE, FL 32086
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Claudia Paolini 4/11/97