

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

**APPROVED
AND
FILED**

96 SEP -6 AM 10:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000059385 (1)

1. Corporation Name

WWAAMM INCORPORATED



Principal Place of Business

Mailing Address

**609 FOUR BAYS DRIVE
NOKOMIS FL 34275**

**609 FOUR BAYS DRIVE
NOKOMIS FL 34275**

3. Date Incorporated or Qualified

3a. Date of Last Report

08/01/1995

4. FEI Number

65-0605143

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

**.ALDRICH, DACID K
609 FOUR BAYS DRIVE
NOKOMIS FL 34275**

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 in Block 12 or Block 13, as appropriate

4. Registered Agent Signature required when filing change

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	David K. Aldrich	
STREET ADDRESS	609 Four Bays Dr.	
CITY - ST - ZIP	NOKOMIS FLA 34275	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Stephan M. Miley	
STREET ADDRESS	7101 Jessie Harbor Dr.	
CITY - ST - ZIP	OSPREY FLA 34229	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	David O. Westmark	
STREET ADDRESS	2500 MANASOTA BEACH RD	
CITY - ST - ZIP	BUDWOLD FLA. 34269	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**300001950973
-09/19/96--01004--011
****225.00 ****225.00**

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: *David K. Aldrich* **pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/96 **941-495-0486**

CR2E034 (12/95)