

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

**FILED**

**Feb 18 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # J46851 (8)**  
1. Corporation Name  
**WAM CORPORATION OF AMERICA**



Principal Place of Business: **2650 PLEASANTDALE RD., SUITE 15 ATLANTA GA 30340**  
Mailing Address: **2650 PLEASANTDALE RD., SUITE 15 ATLANTA GA 30340-1544**

3. Date Incorporated or Qualified: **12/09/1986**  
3a. Date of Last Report: **04/26/1986**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2780853</b>	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State:	City & State:	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

**9. Name and Address of Current Registered Agent**

**BERGONZINI, ORLANDO  
2337 S.W. ARCHER ROAD  
GAINESVILLE FL 32608**

**10. Name and Address of New Registered Agent**

81 Name: **BERGONZINI, ORLANDO**  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 **205 CHERRY HILL CIRCLE**  
84 City: **LONGWOOD** FL 85 Zip Code: **32779**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>MARCHSINI, WAINER</b>	
STREET ADDRESS	<b>VIA CAVOUR N. 338</b>	
CITY-ST-ZIP	<b>CAVEZZO, ITALY</b>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>VACCARI, LAURO</del>	
STREET ADDRESS	<del>VIA OLANDO N. 86</del>	
CITY-ST-ZIP	<del>MODENA, ITALY</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MARCHESINI, ADRIANO</b>	
STREET ADDRESS	<b>VIA CAVOUR N. 338</b>	
CITY-ST-ZIP	<b>MODENA, ITALY</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BERGONZINI, ORLANDO</b>	
STREET ADDRESS	<b>205 CHERRY HILL CIRCLE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DAN E. FAULKNER</b>	
1.3 STREET ADDRESS	<b>VP 3331 BIRCHWOOD TRAIL</b>	
1.4 CITY-ST-ZIP	<b>SNEELVILLE, GA - 30278</b>	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SGARBI, CLAUDIO</b>	
2.3 STREET ADDRESS	<b>VIA FORLANINI, 15</b>	
2.4 CITY-ST-ZIP	<b>CAVEZZO, ITALY</b>	
3.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SALERNO, LUCA</b>	
3.3 STREET ADDRESS	<b>3561-A PLEASANTBROOK VLG. LN.</b>	
3.4 CITY-ST-ZIP	<b>DORAVILLE, GA - 30340</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:** ORLANDO BERGONZINI **1/28/97 (722) 496-8429**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)