

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

**FILED**

**Apr 07 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 # 468959 (2)**  
1. Corporation Name  
**WAGNER PRODUCTS CORP.**



Principal Place of Business <b>5190 NW 165 ST. P O BOX 4647 MIAMI FL 33014</b>	Mailing Address <b>5190 NW 165 ST. P O BOX 4647 MIAMI FL 33014-0647</b>
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3. Date Incorporated or Qualified <b>02/04/1975</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>59-1569933</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30


9. Name and Address of Current Registered Agent <b>WAGNER, STUART J. <del>19030 NE 22ND CT</del> 21150 POINT PLACE #706 <del>NO MIAMI BEACH FL 33180</del> AVENTURA, FL 33180</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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 of 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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  **STUART J. WAGNER, PRESIDENT** 4/3/97  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAGNER, STUART J.</b>	1.2 NAME	
STREET ADDRESS	<del>19030 NE 22ND COURT</del> 21150 POINT PL. #706	1.3 STREET ADDRESS	
CITY - ST - ZIP	<del>NORTH MIAMI BEACH FL</del> AVENTURA, FL 33180	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAGNER, LINDA</b>	2.2 NAME	
STREET ADDRESS	<del>19030 NE 22ND COURT</del> 21150 POINT PL. #706	2.3 STREET ADDRESS	
CITY - ST - ZIP	<del>N MIAMI BEACH FL</del> AVENTURA, FL 33180	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINN, LUCY A.</b>	3.2 NAME	
STREET ADDRESS	11131 NAUTILUS DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 change.

SIGNATURE:  **STUART J. WAGNER** 4/3/97 305/620-6060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (9/96)