


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

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1998 MAR 13 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>02/04/1975</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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WAGNER, STUART J.  
21150 POINT PLACE  
706  
AVENTURA FL 33180**

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD WAGNER, STUART J.</b>	1.2 NAME	
STREET ADDRESS	<b>21150 POINT PL, 706</b>	1.3 STREET ADDRESS	<b>700002459377--7</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>	1.4 CITY-ST-ZIP	<b>-03/17/98--01045--019</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>****150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD WAGNER, LINDA</b>	2.2 NAME	
STREET ADDRESS	<b>21150 POINT PL, 706</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVENTURA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V FINN, LUCY A.</b>	3.2 NAME	
STREET ADDRESS	<b>11131 NAUTILUS DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	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	

700002459377--7  
-03/17/98--01045--019  
\*\*\*\*150.00

*3/13/98*

14. I 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 recipient 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 in an assignment with an address.

SIGNATURE \_\_\_\_\_ **STUART J. WAGNER, PRES. 3/5/98 305/620-6060**

CR2E034 (10/97)