

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742227 (2)
 1. Corporation Name
W. E. ASSOCIATION, INC.



Principal Place of Business 900 E ATLANTIC AVE PO BOX 612 DELRAY BEACH FL 33447	Mailing Address 900 E ATLANTIC AVE PO BOX 612 DELRAY BEACH FL 33447
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3. Date Incorporated or Qualified 03/28/1978	3a. Date of Last Report 04/12/1995
4. FEI Number 59-1843809	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent

**LITTEFIELD, C. GOODRICH JR.
900 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES B	
STREET ADDRESS	900 E. ATLANTIC AVE.	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
TITLE	XX	<input type="checkbox"/> DELETE
NAME	LITTLEFIELD, C. GOODRICH JR	
STREET ADDRESS	900 E. ATLANTIC AVE.	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
TITLE	XX	<input type="checkbox"/> DELETE
NAME	ROSACKER, DIANE	
STREET ADDRESS	900 E. ATLANTIC AVE.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	XX	<input checked="" type="checkbox"/> DELETE
NAME	TIERNAN, MICHAEL W	
STREET ADDRESS	900 E. ATLANTIC AVE.	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WINKLER, NANCY	
STREET ADDRESS	900 E. ATLANTIC AVE	
CITY - ST - ZIP	DELRAY BEACH FL	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Director at Large <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Christine Laue
4.3 STREET ADDRESS	900 E. Atlantic Avenue
4.4 CITY - ST - ZIP	Delray Beach, Fl. 33483
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	700001798977
5.4 CITY - ST - ZIP	-01/29/96--01072--013
6.1 TITLE	***61.25 <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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. Goodrich Littlefield, Jr. Date: 3/2/96 (407) 278-6850
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 C. Goodrich Littlefield, Jr. Daytime Phone: 05 418196

CFR2037 (12/95)