

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33447-0612
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/28/1978	3a. Date of Last Report 04/28/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1843809	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	29 Zip	30 Country
24	26	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LITFIELD, C. GOODRICH JR. 900 E. ATLANTIC AVENUE DELRAY BEACH FL 33483		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 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 reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES B	1.2 NAME	
STREET ADDRESS	900 E. ATLANTIC AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLEFIELD, C. GOODRICH JR	2.2 NAME	Treasurer
STREET ADDRESS	900 E. ATLANTIC AVE.	2.3 STREET ADDRESS	William F. Koch, III
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	900 E. Atlantic Ave. Delray Beach, Fl. 33483
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSACKER, DIANE	3.2 NAME	Vice-President
STREET ADDRESS	900 E. ATLANTIC AVE.	3.3 STREET ADDRESS	Anne S. Bright
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	900 E. Atlantic Ave. Delray Beach, Fl. 33483
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUE, CHRISTINE	4.2 NAME	Director at Large
STREET ADDRESS	900 E. ATLANTIC AVE.	4.3 STREET ADDRESS	John Therien
CITY-ST-ZIP	DELRAY BEACH FL 33483	4.4 CITY-ST-ZIP	900 E. Atlantic Ave. Delray Beach, Fl. 33483
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLER, NANCY	5.2 NAME	Secretary
STREET ADDRESS	900 E. ATLANTIC AVE	5.3 STREET ADDRESS	Warren W. Borsch, III
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	900 E. Atlantic Ave. Delray Beach, Fl. 33483
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)