

FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-1843809	Applied For <input type="checkbox"/> Yes <input checked="" 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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	

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
Zip 29	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 WILLIAM F. KOCH, JR., INC.	
82 Street Address (P.O. Box Number is Not Acceptable) 900 E. Atlantic Avenue	
83	
84 City Delray Beach	85 Zip Code FL 33483

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 WILLIAM F. KOCH, JR., INC. *William F. Koch* 05/11/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SMITH, JAMES B	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 900 E. ATLANTIC AVE.	CITY-ST-ZIP DELRAY BEACH FL 33483	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE T	NAME KOCH, WILLIAM F III	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 900 E. ATLANTIC AVE.	CITY-ST-ZIP DELRAY BEACH FL	2.1 TITLE	
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE VP	NAME BRIGHT, ANNE S	2.3 STREET ADDRESS	
STREET ADDRESS 900 E. ATLANTIC AVE.	CITY-ST-ZIP DELRAY BEACH FL	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	
TITLE D	NAME THERIEN, JOHN	3.2 NAME	
STREET ADDRESS 900 E. ATLANTIC AVE.	CITY-ST-ZIP DELRAY BEACH FL	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	VP Michael Tiernan 900 E. Atlantic Ave. Delray Beach, FL. 33483
TITLE S	NAME BORSCH, WARREN W III	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 900 E. ATLANTIC AVE	CITY-ST-ZIP DELRAY BEACH FL	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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: William F. Koch, III *William F. Koch* 05/11/98 561-278-1800

CFR2037 (10/97)