

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **851607** (2)
1. Corporation Name
WHE, INC.



Principal Place of Business: **425 N MAPLES DR STE 602 BEVERLY HILLS CA 90210-3800 US**
Mailing Address: **BOX 15530 BEVERLY HILLS CA 90209-2530 US**

3. Date Incorporated or Qualified: **01/15/1982**
3a. Date of Last Report: **07/13/1995**
4. FEI Number: **95-3647865**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **315 N. MAPLE DRIVE**
22. Suite, Apt. #, etc: **393**
23. City & State: **BEVERLY HILLS CA**
24. Zip: **90210** 25. Country: **USA**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 607.05(2) 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 607.05(2), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, WILLIAM H.	
STREET ADDRESS	425 N MAPLE DR STE 602	
CITY - ST - ZIP	BEVERLY HILLS CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WONG, VIVAN P.	
STREET ADDRESS	425 N MAPLE DR STE 602	
CITY - ST - ZIP	BEVERLY HILLS CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, HELEN	
STREET ADDRESS	425 N MAPLES DR STE 602	
CITY - ST - ZIP	BEVERLY HILLS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIOTT, JEFFREY M	
STREET ADDRESS	425 N MAPLE DR STE 602	
CITY - ST - ZIP	BEVERLY HILLS CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	EXEC VP + CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	JOHN M. BONINO	
13. STREET ADDRESS	315 N. MAPLE DR STE 393	
14. CITY - ST - ZIP	BEVERLY HILLS CA 90210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

14. I do hereby certify that the information furnished 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 supplementary 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 trustee 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 on an amendment with an address.

SIGNATURE: Jan. 26, 1996 310-274-7828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)