


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

FILED

Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000003034 (6)
1. Corporation Name
WENTED COMPANY

Principal Place of Business
737 DELAWARE AVE
BUFFALO NY 14209-2260
US

Mailing Address
737 DELAWARE AVE
BUFFALO NY 14209-2260
US



2. Principal Place of Business
21 17304 Preston Rd
Suite, Apt. #, etc.
22 Suite 700
City & State
23 Dallas, TX
Zip
24 75252

2a. Mailing Address
26 17304 Preston Rd
Suite, Apt. #, etc.
27 Suite 700
City & State
28 Dallas, TX
Zip
29 75252

3. Date Incorporated or Qualified
06/30/1993

3a. Date of Last Report
04/23/1996

4. FEI Number
13-6159651

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

9. Name and Address of Current Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PIERCE, FREDERICK G II	
STREET ADDRESS	737 DELAWARE AVE	
CITY-ST-ZIP	BUFFALO NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LENNOX, JEFFREY C	
STREET ADDRESS	737 DELAWARE AVE	
CITY-ST-ZIP	BUFFALO NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	P/S/D/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenn W. McAleer	
1.3 STREET ADDRESS	17304 Preston Rd, Suite 700	
1.4 CITY-ST-ZIP	Dallas, TX 75252	
2.1 TITLE	D/V - Controller / Asst. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William W. Solomon, Jr	
2.3 STREET ADDRESS	17304 Preston Rd, Suite 700	
2.4 CITY-ST-ZIP	Dallas, TX 75252	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Frank Ginolfi	
3.3 STREET ADDRESS	17304 Preston Rd, Suite 700	
3.4 CITY-ST-ZIP	Dallas, TX 75252	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (9/96)