

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H47556** (6)

1. Corporation Name
WFG, INC.



Principal Place of Business
**4545 LEASANT HILL RD
STE - 114
KISSIMMEE FL 34759
US**

Mailing Address
**4545 PLEASANT HILL RD
STE - 114
KISSIMMEE FL 34759
US**

3. Date Incorporated or Qualified
03/18/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
58-1610002

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **XXXIX** **\$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

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**FISCHER, MARGARET
4545 PLEASANT HILL RD
STE - 114
KISSIMMEE FL 34759**

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

FL

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 registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WATERMAN, RICHARD M	
STREET ADDRESS	11967 POLO CLUB RD	
CITY - ST - ZIP	W PALM BCH FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	FISCHER, LOUIS E.	
STREET ADDRESS	4545 PLEASANT HILL ROAD	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FISCHER, MARGARET H	
STREET ADDRESS	4545 PLEASANT HILL ROAD	
CITY - ST - ZIP	KISSIMMEE FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VICKEY S. WATSON	
4.3 STREET ADDRESS	4545 PLEASANT HILL ROAD, SUITE 114	
4.4 CITY - ST - ZIP	KISSIMMEE, FL 34759	
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Margaret H. Fischer* MARGARET H. FISCHER 4/15/96 407/847-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying Phone #

CR2E034 (12/95)