

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 # J80341 (7)

1. Corporation Name

W.F.E., INC.



Principal Place of Business

% JEFFREY A. DEUTCH
7777 GLADES RD. SUITE 300
BOCA RATON FL 33434

Mailing Address

% JEFFREY A. DEUTCH
7777 GLADES RD. SUITE 300
BOCA RATON FL 33434

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DEUTCH, JEFFREY A.
7777 GLADES RD.
SUITE 300
BOCA RATON FL 33434

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 607.0502 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

Signature, typed or printed name of registered agent available for public

(NOTE: Registered Agent Signature is not available for public)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
POMERANTZ, SAUL
8600 DECARIE BLVD., SUITE 200
TOWN OF MOUNT ROYAL QC

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
TVD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
GATTINGER, FRANKLIN J.
8600 DECARIE BLVD, SUITE 200
TOWN OF MOUNT ROYAL QC

☐ DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAD
POMERANTZ, TERRY
8600 DECARIE BLVD. STE. 200
TOWN OF MOUNT ROYAL QC H4P2N-2

☐ DELETE

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP
900001767039
-04/02/96--01119--015
***200.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY - ST - ZIP
24.2

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: Franklin J. Gattinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1996 (514)341-8600

Date

Daytime Phone #

CR2E034 (12/95)