

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000004860 (3)

1. Corporation Name

WEDGEVAL MASTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1049 NW 3RD ST
HALLANDALE FL 33009

1049 NW 3RD ST
HALLANDALE FL 33009

3. Date Incorporated or Qualified
10/28/1993

3a. Date of Last Report
02/28/1995

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

4. FEI Number

65-0448228

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

KROHN, MARK S
1049 NW 3RD ST
HALLANDALE FL 33009

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	KROHN, MARK S	
STREET ADDRESS	1049 NW 3RD ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	KROHN, DANIEL	
STREET ADDRESS	1049 NW 3RD ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KROHN, BARRY	
STREET ADDRESS	1049 NW 3RD ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	LENZ, GORDON	
STREET ADDRESS	1049 NW 3RD ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLT, LINDA	
STREET ADDRESS	11019 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARADELLA, ROXSANNA	
STREET ADDRESS	11021 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL 33326	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARK S. KROHN *Mark S. Krohn*

2-1-96

305 456-6066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)