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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004860 (3)
1. Corporation Name
WEDGEVAL MASTER ASSOCIATION, INC.

Principal Place of Business 1049 NW 3RD ST HALLANDALE FL 33009	Mailing Address 1049 NW 3RD ST HALLANDALE FL 33009
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3. Date Incorporated or Qualified 10/28/1993	Applied For
4. FEI Number 65-0448228	Not Applicable

2. Principal Place of Business 21 11033 W. Broward Blvd	2a. Mailing Address 26 11033 W. Broward Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Plantation, FL	City & State 28 Plantation, FL
Zip 24 33324	Country 25 U.S.A.
Country 29 U.S.A.	Zip 30 33324

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KROHN, MARK S
1049 NW 3RD ST
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name Michael Hemsley
82 Street Address (P.O. Box Number is Not Acceptable) 11033 W. Broward Blvd.
83
84 City Plantation
85 State FL
86 Zip Code 33324

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 *Michael Hemsley* **MICHAEL HEMSLEY** **10-18-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	KROHN, MARK S	
STREET ADDRESS	1049 NW 3RD ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VTD	<input checked="" 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 checked="" 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 33324	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARADELLA, ROXSANNA	
STREET ADDRESS	11021 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL 33326	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002674973-6	
1.3 STREET ADDRESS	-10/28/98-01088-012	
1.4 CITY-ST-ZIP	*****61.25 *****61.25	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Raymond Rios	
2.3 STREET ADDRESS	11021 W. Broward Blvd	
2.4 CITY-ST-ZIP	Plantation, FL 33324	
3.1 TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Krohn, Barry	
3.3 STREET ADDRESS	11033 W. Broward Blvd.	
3.4 CITY-ST-ZIP	Plantation, FL 33324	
4.1 TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael Hemsley	
4.3 STREET ADDRESS	11033 W. Broward Blvd.	
4.4 CITY-ST-ZIP	Plantation, FL 33324	
5.1 TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SUSAN HARTMAN	
5.3 STREET ADDRESS	11033 W. Broward Blvd	
5.4 CITY-ST-ZIP	Plantation, FL 33324	
6.1 TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Phyllis Drucker	
6.3 STREET ADDRESS	11033 W. Broward Blvd	
6.4 CITY-ST-ZIP	Plantation, FL 33324	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Hartman* **SUSAN HARTMAN** **9/30/98** **954-713-1332**

CR2E037 (10/97)