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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004860

1. Corporation Name
WEDGEVAL MASTER ASSOCIATION, INC.

166616 - 90186 - 3

Principal Place of Business 11033 W. BROWARD BLVD. PLANTATION FL 33324	Mailing Address 11033 W. BROWARD BLVD. PLANTATION FL 33324
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/28/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0448228
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HEMSLEY, MICHAEL
 11033 W. BROWARD BLVD.
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RIOS, RAYMOND	
STREET ADDRESS	11021 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KROHN, BARRY	
STREET ADDRESS	11033 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEMSLEY, MICHAEL	
STREET ADDRESS	11033 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLT, LINDA	
STREET ADDRESS	11019 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HARTMAN, SUSAN	
STREET ADDRESS	11033 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DS.	<input type="checkbox"/> DELETE
NAME	DRUCKER, PHYLLIS	
STREET ADDRESS	11033 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	

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	<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 checked="" type="checkbox"/> Addition
4.2 NAME	D SHERRI GUARDINO
4.3 STREET ADDRESS	11029 W. Broward Blvd.
4.4 CITY-ST-ZIP	Plantation, FL 33324
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 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, with all other like empowered.

SIGNATURE: Susan Hartman **SUSAN HARTMAN** 2-15-99 954-713-1332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)