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**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90292 010 \*\*\*750.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P94000012464

1. Corporation Name  
 WBG, SW FLORIDA, INC.



Principal Place of Business 3461 BONITA BAY BLVD., STE. 201 BONITA SPRINGS FL 34134 US	Mailing Address 3461 BONITA BAY BLVD., STE. 201 BONITA SPRINGS FL 34134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 27800 Old 41 Road Suite, Apt. #, etc. 22		2a. Mailing Address 26 27800 Old 41 Road Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 02/10/1994	
23 Bonita Springs, FL City & State Zip 34135 Country USA		28 Bonita Springs, FL City & State Zip 34135 Country USA		4. FEI Number 65-0472038 Applied For Not Applicable	
24 34135 25 USA		29 34135 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Bonita Springs, FL		28 Bonita Springs, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 34135 25 USA		29 34135 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
 BACHMAN, ROBERT A  
~~3461 BONITA BAY BLVD., STE. 201~~  
~~BONITA SPRINGS FL 34134~~

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 27800 Old 41 Road  
 83  
 84 City Bonita Springs FL 85 Zip Code 34135

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMAN, ROBERT A.	1.2 NAME	
STREET ADDRESS	3461 BONITA BAY BLVD, SUITE 201	1.3 STREET ADDRESS	27800 Old 41 Road
CITY-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP	Bonita Springs FL 34135
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KATHLEEN M.	2.2 NAME	
STREET ADDRESS	3461 BONITA BAY BLVD., SUITE 201	2.3 STREET ADDRESS	27800 Old 41 Road
CITY-ST-ZIP	BONITA SPRINGS FL 34134	2.4 CITY-ST-ZIP	Bonita Springs FL 34135
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTZ, STEPHEN	3.2 NAME	
STREET ADDRESS	3461 BONITA BAY BLVD., SUITE 201	3.3 STREET ADDRESS	27800 Old 41 Road
CITY-ST-ZIP	BONITA SPRINGS FL 34134	3.4 CITY-ST-ZIP	Bonita Springs FL 34135
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: Stephen Lentz 4-26-99 941-947-4552  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)