

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**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 # P95000027150

1. Corporation Name  
 WBG-1, INC.



Principal Place of Business: 3461 BONITA BAY BLVD SUITE 201 BONITA SPRINGS FL 34134 US  
 Mailing Address: 3461 BONITA BAY BLVD SUITE 201 BONITA SPRINGS FL 34134 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 27800 Old 41 Road, Suite, Apt. #, etc. 22  
 City & State: 23 Bonita Springs FL, Zip: 24 34135, Country: 25 USA  
 2a. Mailing Address: 26 27800 Old 41 Road, Suite, Apt. #, etc. 27  
 City & State: 28 Bonita Springs FL, Zip: 29 34135, Country: 30 USA

3. Date Incorporated or Qualified: 04/03/1995  
 4. FEI Number: 65-0581178 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 BACHMAN, ROBERT A  
~~3461 BONITA BAY BLVD~~  
~~SUITE 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		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	BACHMAN, ROBERT A	
STREET ADDRESS	<del>3461 BONITA BAY BLVD SUITE 201</del>	
CITY-ST-ZIP	<del>BONITA SPRINGS FL 34134</del>	
TITLE	S	<input type="checkbox"/>
NAME	KATHLEEN MILLER	
STREET ADDRESS	<del>3461 BONITA BAY BLVD., SUITE 201</del>	
CITY-ST-ZIP	<del>BONITA SPRINGS FL 34134</del>	
TITLE	T	<input type="checkbox"/>
NAME	STEPHEN B. LENTZ	
STREET ADDRESS	<del>3461 BONITA BAY BLVD., SUITE 201</del>	
CITY-ST-ZIP	<del>BONITA SPRINGS FL 34134</del>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	27800 Old 41 Road		
1.4 CITY-ST-ZIP	Bonita Springs, FL 34135		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	27800 Old 41 Road		
2.4 CITY-ST-ZIP	Bonita Springs, FL 34135		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	27800 Old 41 Road		
3.4 CITY-ST-ZIP	Bonita Springs, FL 34135		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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: \_\_\_\_\_ Date: 4-26-99 Daytime Phone #: 941-947-4552

CR2E034 (11/98)