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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048900 (1)

WESCAR I. REALTY, INC.

Principal Prace of Business

SIGNATURE:

2358 N. WESTMONTE DRIVE 2358 N. WESTMONTE DRIVE SUITE 280 SUITE 280 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 3a. Date of Last Report 3. Date Incorporated or Qualified 06/22/1995 04/18/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3322816 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zιρ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **GEYS. LOUIS** 2358 N. WESTMONTE DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 280 83 **ALTAMONTE SPRINGS FL 32714** City Zio Code 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 Signature, typied or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE **GEYS, LOUIS** 1.2 NAME NAM: CR2E034 2358 N. WESTMONTE DRIVE, SUITE 280 STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL 32714 1.4 CITY - ST-ZIP City - ST - ZiP DELETE Change Addition 2.1 TITLE Tille NAME 22 NAME 23 STREET ADDRESS STREET ASIDRESS 2. 4 CITY-ST-ZIP CHY-ST-ZE DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREE: ADDRESS 3.4. CITY-ST-ZIP City-St-7P DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST ZIF DELETE Change Addition 5.1 TITLE THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-\$1-7P Change Addition DELETE 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP

14. I do 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 12 or Block or on an attachment with an address.

HERED MOENS SENS 4-14-97