

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055279 (0)

1. Corporation Name
WBG-3, INC.



Principal Place of Business
3461 BONITA BAY BOULEVARD SUITE 201 BONITA SRPINGS FL 33923

Mailing Address
3461 BONITA BAY BOULEVARD SUITE 201 BONITA SRPINGS FL 33923

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1995	3a. Date of Last Report N/A
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0609656	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BACHMAN, ROBERT A 3461 BONITA BAY BOULEVARD SUITE 201 BONITA SRPINGS FL 33923				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 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, typed or printed name of registered agent as well as title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P, D
NAME	BACHMAN, ROBERT A	1.2 NAME	
STREET ADDRESS	3461 BONITA BAY BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SRPINGS FL 33923	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	S
NAME		2.2 NAME	Kathleen Miller
STREET ADDRESS		2.3 STREET ADDRESS	3461 Bonita Bay Blvd., Suite 201
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE		3.1 TITLE	T
NAME		3.2 NAME	Stephen B. Lentz
STREET ADDRESS		3.3 STREET ADDRESS	3461 Bonita Bay Blvd., Suite 201
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96
Date

941-947-4552
Telephone #

CR2E034 (12/95)