

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 # **P95000090885 (1)**

1. Corporation Name
WBG REALTY, INC.



Principal Place of Business: **3461 BONITA BAY BLVD SUITE 201 BONITA SPRINGS FL 33923**
Mailing Address: **3461 BONITA BAY BLVD SUITE 201 BONITA SPRINGS FL 33923**

3. Date incorporated or Qualified: **11/27/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **65-0622164**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**BACHMAN, ROBERT A
3461 BONITA BAY BLVD
SUITE 201
BONITA SPRINGS FL 33923**

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 607.0532 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 re-elected)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BACHMAN, ROBERT A	
STREET ADDRESS	3461 BONITA BAY BLVD SUITE 201	
CITY - ST - ZIP	BONITA SPRINGS FL 33923	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP	XXX	
21 TITLE	Kathleen Miller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Kathleen Miller	
23 STREET ADDRESS	3461 Bonita Bay Blvd., Suite 201	
24 CITY - ST - ZIP	Bonita Springs, FL 33923	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Stephen B. Lentz	
33 STREET ADDRESS	3461 Bonita Bay Blvd., Suite 201	
34 CITY - ST - ZIP	Bonita Springs, FL 33923	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: _____ DATE: **4/30/96** **941-947-4552**

CR2E034 (12/95)