


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

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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90089 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000062406

1. Corporation Name
WBL COMMUNICATIONS, INC.



Principal Place of Business 1810 LAKE DRIVE DELRAY BEACH FL 33444	Mailing Address 1810 LAKE DRIVE DELRAY BEACH FL 33444
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7335 Marsh Terr		2a. Mailing Address 26 7335 Marsh Terr		3. Date Incorporated or Qualified 07/24/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0683154
City & State 23 Port St Lucie, FL		City & State 28 Port St Lucie, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 34986 Country USA		Zip 34986 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24		29		30
25 USA		30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FUCHS, SHIRLEY
 1810 LAKE DRIVE
 DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	7335 Marsh Terrace
83	
84 City	Port St Lucie FL
85 Zip Code	34986

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, GARY	1.2 NAME	
STREET ADDRESS	568 BRECKENRIDGE VILLAGE 10	1.3 STREET ADDRESS	30715 WILLIAMS ST
CITY-ST-ZIP	ALTAMONTE SPGS FL	1.4 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, CURTIS	2.2 NAME	
STREET ADDRESS	1810 LAKE DRIVE	2.3 STREET ADDRESS	7335 Marsh Terrace
CITY-ST-ZIP	DELRAY BEACH FL 33444	2.4 CITY-ST-ZIP	Port St Lucie FL 34986
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, SHIRLEY	3.2 NAME	
STREET ADDRESS	1810 LAKE DR	3.3 STREET ADDRESS	7335 Marsh Terrace
CITY-ST-ZIP	DELRAY BEACH FL 33444	3.4 CITY-ST-ZIP	Port St Lucie FL 34986
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: Shirley Fuchs **Shirley Fuchs** 3/16/99 561-467-1967
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)