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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000081358 (9)

WY SUBS, INC.

FILED Apr 29 1997 8:00am Secretary of State



Principal Place of Business 1219 S.W. CURTIS STREET PORT ST. LUCIE FL 34983		Mailing Address 1219 S.W. CURTIS STREET PORT ST. LUCIE FL 34983-2555		I POBERBORI DIR IDDIU DDIIR DORN DORN BERN ROLDI IDDIA PRODU (IRAN DINO) (DI) (DR)				
					3. Date Incorporated or Qualified 09/30/1996	3a. Dai	e of Last I	Report
2. 1400	lectasiness Bu S.E. Port S+ Lucie	2a. Mailing Address			4. FEI Number		A	pplied For
il of	S.E. PORT S+ WELL	26			65-070476	77	N	ot Applicable
Suite Apt.	#. otc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Stat		City & State			6. Election Campaign Financing		\$5.00	May Be
3 ORT	ST LYGE FL	28			Trust Fund Contribution			to Fees
Zιρ	Country	Zip	Country	,	8. This corporation has liability for			s. 199.032,
4 349		29	30			Yes 🙎		
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New Re	gistered A	gent	
	GMANN, DENNIS H		81	Name				
1219 S.W. CURTIS STREET PORT ST. LUCIE FL 34983			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
			83					
			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607, 1508. Florida Statu	es, the above	e-named con	poration submits this statement for the pation's board of directors. I hereby accept	purpose of	changing	its registered
	Signature typed or punted name of registered age			ent signature requ	rired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	RS IN 12
12.	Signature hysed or pented name of registered age OFFICERS AN		E: Registered Age 13. 1.1 TITLE	ent signature requ	ared when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	
12. Tille		D DIRECTORS	13.	ent signature requ				
12. Tille Name	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE 1.2 NAME					
12. Title Name Street address	OFFICERS AN D BORGMANN, DENNIS H	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS				
12. Title Name Street address City-St-7ip	OFFICERS AN D BORGMANN, DENNIS H 1219 S.W. CURTIS ST	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS		CERS AND		Additio
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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 eath; 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

apr 21 1997 878