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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000081358 (9)

1. Corporation Name
WY SUBS, INC.



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

3. Date Incorporated or Qualified: 09/30/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0704797
Applied For: [Blank]
Not Applicable: [Blank]
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. 400 block of S.E. Port St Lucie Blvd
21. Suite, Apt. #, etc.: [Blank]
22. City & State: PORT ST LUCIE FL
23. Zip: 34983
24. Country: [Blank]
25. Country: [Blank]
26. Mailing Address: [Blank]
27. Suite, Apt. #, etc.: [Blank]
28. City & State: [Blank]
29. Zip: [Blank]
30. Country: [Blank]

9. Name and Address of Current Registered Agent
BORGMANN, DENNIS H
1219 S.W. CURTIS STREET
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank]
85. Zip Code: FL [Blank]

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] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [DELETE]	1.1 TITLE	[Change] [Addition]
NAME	BORGMANN, DENNIS H	1.2 NAME	[Blank]
STREET ADDRESS	1219 S.W. CURTIS ST	1.3 STREET ADDRESS	[Blank]
CITY - ST - ZIP	PORT ST. LUCIE FL 34983	1.4 CITY - ST - ZIP	[Blank]
TITLE	D [DELETE]	2.1 TITLE	[Change] [Addition]
NAME	DAVIS, DIANNA R	2.2 NAME	[Blank]
STREET ADDRESS	1219 S.W. CURTIS ST	2.3 STREET ADDRESS	[Blank]
CITY - ST - ZIP	PORT ST. LUCIE FL 34983	2.4 CITY - ST - ZIP	[Blank]
TITLE	D [DELETE]	3.1 TITLE	[Change] [Addition]
NAME	BORGMANN, DANIE R	3.2 NAME	[Blank]
STREET ADDRESS	1219 S.W. CURTIS ST	3.3 STREET ADDRESS	[Blank]
CITY - ST - ZIP	PORT ST. LUCIE FL 34983	3.4 CITY - ST - ZIP	[Blank]
TITLE	D [DELETE]	4.1 TITLE	[Change] [Addition]
NAME	BORGMANN, MICHELLE K	4.2 NAME	[Blank]
STREET ADDRESS	1781 PELICAN AVE.	4.3 STREET ADDRESS	[Blank]
CITY - ST - ZIP	VENTURA CA 93003	4.4 CITY - ST - ZIP	[Blank]
TITLE	[DELETE]	5.1 TITLE	[Change] [Addition]
NAME	[Blank]	5.2 NAME	[Blank]
STREET ADDRESS	[Blank]	5.3 STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]	5.4 CITY - ST - ZIP	[Blank]
TITLE	[DELETE]	6.1 TITLE	[Change] [Addition]
NAME	[Blank]	6.2 NAME	[Blank]
STREET ADDRESS	[Blank]	6.3 STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]	6.4 CITY - ST - ZIP	[Blank]

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 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: Apr 21 1997 561 878 7386

CR2E034 (9/96)