


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90053 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000081358

1. Corporation Name
WY SUBS, INC.



Principal Place of Business 400 BLOCK OF SE PORT ST LUCIE BLVD PORT ST. LUCIE FL 34983 US	Mailing Address 1219 S.W. CURTIS STREET PORT ST. LUCIE FL 34983
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 331 SE Port St Lucie Blvd	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 City & State
23 City & State	28 Zip
24 Zip	29 Country
25 Country	30 Country

3. Date Incorporated or Qualified 09/30/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0704797	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BORGMANN, DENNIS H	
STREET ADDRESS	1219 S.W. CURTIS ST	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, DIANNA R	
STREET ADDRESS	1219 S.W. CURTIS ST	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BORGMANN, DANIE R	
STREET ADDRESS	1219 S.W. CURTIS ST	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BORGMANN, MICHELLE K	
STREET ADDRESS	1781 PELICAN AVE.	
CITY-ST-ZIP	VENTURA CA 93003	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Borgmann Danie R
3.3 STREET ADDRESS	1781 Pelican Ave
3.4 CITY-ST-ZIP	VENTURA CA 93003
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  **Jan 11 1999 561 878 3634**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)