

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

006085

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 OCT 29 PM 4: 15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P98000048285 (4)

1. Corporation Name
 WGD, INC.

Principal Place of Business
 757 S.E. 17TH STREET, #245
 FORT LAUDERDALE FL 33316-2960

Mailing Address
 757 S.E. 17TH STREET, #245
 FORT LAUDERDALE FL 33316-2960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 05/26/1997

4. FEI Number
 65-0852651

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 State, Apt. #, etc.
 22 City & State
 23 Zip

2a. Mailing Address

25 State, Apt. #, etc.
 27 City & State
 28 Zip

29 Country

9. Name and Address of Current Registered Agent
 BOSSHARDT, KURT E ESQ.
 ALLEY, MAASS, ROGERS & LINDSAY, P.A.
 1600 S.E. 17TH ST., SUITE 404
 FORT LAUDERDALE FL 33316

Change of Address

10. Name and Address of New Registered Agent

81 Name
 Bosshardt, Kurt E., Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
 # Bosshardt + Edwards, P.A.

83 1600 SE 17th St., Ste 405

84 City
 FORT LAUDERDALE FL 85 Zip Code
 33316

11. Pursuant to the provisions of sections 607.0502 and 607.1503, 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]* DATE: 10/8/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASILVA, WATSON G	12 NAME	
STREET ADDRESS	580 THAMES STREET, SUITE 230	13 STREET ADDRESS	000002678650--9
CITY-ST-ZIP	NEWPORT RI 02840	14 CITY-ST-ZIP	11/08/98--01029--005
TITLE	D	15 TITLE	****750.00--****750.00
NAME	RITA, RAQUEL	16 NAME	
STREET ADDRESS	580 THAMES STREET, SUITE 230	17 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT RI 02840	18 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY-ST-ZIP		22 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-ST-ZIP		26 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY-ST-ZIP		30 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 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 its 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: Oct 07, 1998 (954) 232-1901

CR2E034 (5/98)