
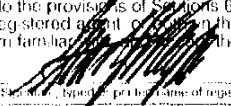



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 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 # 468959 (2)			
1. Corporation Name WAGNER PRODUCTS CORP.			
Principal Place of Business 5180 NW 165 ST. P O BOX 4647 MIAMI FL 33014		Mailing Address 5180 NW 165 ST. P O BOX 4647 MIAMI FL 33014-0647	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent WAGNER, STUART J. 19030 NE 22ND CT NORTH MIAMI BEACH FL 33180		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 of 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 the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE 		STUART J. WAGNER, PRESIDENT 4/3/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME WAGNER, STUART J. STREET ADDRESS 19030 NE 22ND COURT CITY-ST-ZIP NORTH MIAMI BEACH FL AVENTURA, FL 33180		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE SD NAME WAGNER, LINDA STREET ADDRESS 19030 NE 22ND COURT CITY-ST-ZIP N MIAMI BEACH FL AVENTURA, FL 33180		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE V NAME FINN, LUCY A. STREET ADDRESS 11131 NAUTILUS DRIVE CITY-ST-ZIP COOPER CITY FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 in this filing.			
SIGNATURE: 		STUART J. WAGNER PRESIDENT 4/3/97 305/620-6060	



CR2E034 (9/96)