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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(3)

WANTZ ENTERPRISES, INC.

FILED Oct 07 1998 8:00am Secretary of State

Principal Pla	ace of Business	Malling Address			T CORRESON THAT ALOND CHARLE HATTER CORRESON AND THE	itt Bilkii Achti biatt alast annit tabt
% LOIS WAN		% LOIS WANTZ				
510 70TH STREET		510 70TH STREET		DO NOT WRITE IN THIS SPACE		
HOLMES BEACH FL 34217 HOLMES BEACH FL 34217				3. Date Incorporated or Qualified		
					12/16/1980	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
2126		26	26		59-2058526	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		V. Columbia of Charles Debilled	Fee Required	
·····	-m, ´ }∵m, `		ity & State		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zíp	Country	i Zip	Cou	ntry	8. This corporation owes or has paid the	
24	9. Name and Address of Currer	29 Ageletared Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
1424		It Lafteraled Wileys		81 Name	TO. Name and Address of New Register	eu Agent
WANTZ, LOIS						
	70TH ST			82 Street Address (P.O. Box Number is Not Acceptable)		
HOMES BCH FL 33510			ŀ	83		
			[
				64 City	F	85 Zip Code
11. Pursua	nt to the provisions of sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ove-named corpo	pration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	
office o	r regis tere d agent, or both, In the State I am fa mi liar with, and accept the oblig	of Florida. Such change was a lations of issection 607 0505. Flo	uthorized ride Stati	by the corporati	ion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	•		Tion Gian			
Olonaton	Signalure, typed or printed name of registered age	nt and title if applicable. (NO	TE: Register	ed Agent signature req	ulred when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TIT	LE		Change Addition
NAME	WANTZ, CHARLES G.		1.2 NA	ME		
STREET ADDRESS			1.3 STF	REET ADDRESS		
CITY-ST-ZIP	CHAGRIN FALLS OH			Y-ST-ZIP		
TITLE	SD	L_] DELETE	2.1 TIT)		Change Addition
NAME	WANTZ, LOIS		2.2 NAI			
STREET ADDRESS	***************************************			REET ADDRESS		1.,
CITY-ST-ZIP	HOLMES BCH FL			Y-ST-ZIP		
TITLE	V MADVW	L DELETE	3 1 117			Change Addition
NAME PTOEST ADDRESS	MILLER, MARY W		3.2 NA			
STREET ADDRESS	478 (4111 41)			REET ADDRESS		
CITY-ST-ZiP	HOLMES BEACH FL 34217	<u> </u>	3.4 CIT	Y-ST-ZIP		
TITLE		DELETE				Change Addition
NAME			4.2 NA			
STREET ADDRESS	·		1	REET ADDRESS		
CITY-ST-ZIP		<u> </u>		Y-ST-ZIP		
TITLE		DELETE	5.1 TIT			Change Addition
NAME			6.2 NA	- 1		
STREET ADDRESS	·			EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 TITI			Change Addition
NAME	:		6.2 NA)	ME		
STREET ADDRESS	5 · .		6.3 STR	EET ADDRESS		
CITY-ST-ZIP	1 .		8.4 CIT	Y-ST-ZIP		- 1

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 attachment with an address.

SIGNATURE