

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:42

DOCUMENT # F9400000725 (1)

1. Corporation Name
WBI OF NEVADA, INC.

Principal Place of Business Mailing Address
4074 SCHIFF DR. LAS VEGAS NV 89103 **4074 SCHIFF DR. LAS VEGAS NV 89103**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/15/1994		3a. Date of Last Report	
2. Principal Place of Business 21 3301 SPRING MT. RD Suite, Apt. #, etc. 22 SUITE 19		2a. Mailing Address 26 2003 DEERFIELD AYN Suite, Apt. #, etc. 27	
23 LAS VEGAS NV City & State 24 89102 Zip 25 CLARK Country		28 SNELLVILLE GA City & State 29 30278 Zip 30 Country	
4. FEI Number 88-0307107		Applied For Not Applicable	
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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301				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	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KEVIN	1.2 NAME	
STREET ADDRESS	5400 MOUNTAIN VISTA ST., APT. 422	1.3 STREET ADDRESS	3301 SPRING MOUNTAIN RD
CITY - ST - ZIP	LAS VEGAS NV 89120	1.4 CITY - ST - ZIP	LAS VEGAS, NV, 89102
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, DAN C	2.2 NAME	
STREET ADDRESS	4074 SCHIFF DR.	2.3 STREET ADDRESS	737 SHAW RD
CITY - ST - ZIP	LAS VEGAS NV 89103	2.4 CITY - ST - ZIP	SHARPSBURG, GA 30277
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE: **DAN R COATS** 3-24-95 404-978-4270
SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date District Number