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

PROFIT CORPORATION **ANNUAL REPORT**

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400004386 (8)

WASSERBECK ENTERPRISES INC.

| Principal Place of Business Mailing Address | | | | 1 CONTROL TATE COLLECTION DONE BOTT BOTT BOTT BOTT BUTT BUTT THE STATE OF THE STATE | | |
|--|--|---|---------------------|--|---|---|
| 3525 EWELL ROAD LAKELAND FL 33811 | | 3525 EWELL ROAD LAKELAND FL 33811-1957 | | : | | |
| | | | | | 3. Date Incorporated or Qualified 08/24/1994 | 3a. Date of Last Report 06/18/1996 |
| } 1 ⊢ | | 2a. Mailing Address 26 | | 4. FEI Number 54-1450899 | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Dosired | \$8.75 Additional Fee Required | |
| City & Star | te | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 39 | Country | | 8. This corporation has liability for in Florida Statutes | ntangible tax under s. 199.032, Yes \Bar No |
| | 9. Name and Address of Curren | t Registered Agent | <u> </u> | | 10. Name and Address of New Reg | ilstered Agent |
| WASSERBECK, HAROLD L 3525 EWELL ROAD LAKELAND FL 33811 | | | 81 | Name | | |
| | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptabl | e) |
| | | | 83 | | | |
| | | | 84 | City | | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-pamed 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 registored agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE | | | | | | |
| SIGNATURE | Signatura, typed or printed frame of registered ager | | legistered Age | nt signature requir | red when reinstating) | DATE |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS IN 12 |
| TITLE | V DELETE | | 1.1 TITLE | | | Change Addition |
| NAME | WASSERBECK, HARRIET E | | 1.2 NAME | - | | |
| STREET ADDRESS | 3525 EWELL ROAD | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | AKELAND FL | | 1.4 CITY - ST - ZIP | | | |
| TITLÉ | | | 2.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | WASSERBECK, HAROLD L | | 2.2 NAME | | | |
| STREET ADDRESS | 3525 EWELL ROAD | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKELAND FL | | 2.4 CITY-S1-ZIP | | | |
| TITLE | ☐ DELETE | | 3.1 TITLE | | | Change Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | \$\$ | | 3.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-S | T-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 4 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | ļ |
| CITY-ST-ZIP | | | 4.4 C/TY-S1 | r - ZIP | | |
| TITLE | DELETE 5.11 | | 5.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET. | ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST | -ZIP | | |
| TITLE | | DELETE | 617016 | | | Change Addition |

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 trusted 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.

NAME STREET ADDRESS CITY-ST-ZIP

FILED

Feb 10 1997 8:00am

Secretary of State