


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

FILED
Apr 24 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 # F94000006290 (0)
 1. Corporation Name
WEN-STAR, INC.



Principal Place of Business
809-B S. BROAD ST. THOMASVILLE GA 31792

Mailing Address
809-B S. BROAD ST. THOMASVILLE GA 31792-6112

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

3. Date Incorporated or Qualified 12/09/1994	3a. Date of Last Report 05/01/1996
4. FLT Number 58-2068107	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
BIRD, T. BUCKINGHAM
220 S. CHERRY ST.
MONTICELLO FL 32344

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 607.1508, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	ROBERTS, WAYNE	1.2 NAME
STREET ADDRESS	809-B S. BROAD ST.	1.3 STREET ADDRESS
CITY-ST-ZIP	THOMASVILLE GA 31799	1.4 CITY-ST-ZIP
TITLE	STD	2.1 TITLE
NAME	COHEN, RONALD A	2.2 NAME
STREET ADDRESS	809-B S. BROAD ST.	2.3 STREET ADDRESS
CITY-ST-ZIP	THOMASVILLE GA 31799	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE
NAME	BLACKBURN, WILLIAM H	3.2 NAME
STREET ADDRESS	809-B S. BROAD ST.	3.3 STREET ADDRESS
CITY-ST-ZIP	THOMASVILLE GA 31799	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	ROBERTS, WAYNE	1.2 NAME
STREET ADDRESS	809-B S. BROAD ST.	1.3 STREET ADDRESS
CITY-ST-ZIP	THOMASVILLE GA 31799	1.4 CITY-ST-ZIP
TITLE	STD	2.1 TITLE
NAME	COHEN, RONALD A	2.2 NAME
STREET ADDRESS	809-B S. BROAD ST.	2.3 STREET ADDRESS
CITY-ST-ZIP	THOMASVILLE GA 31799	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE
NAME	BLACKBURN, WILLIAM H	3.2 NAME
STREET ADDRESS	809-B S. BROAD ST.	3.3 STREET ADDRESS
CITY-ST-ZIP	THOMASVILLE GA 31799	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
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 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 an attachment with an address.

SIGNATURE: *Wayne A. Roberts*

CR2E034 (9/96)