

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

Apr 29 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. North</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **G50779** (9)

1. Corporation Name  
**WAHL, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>2200 NW CORPORATE BLVD<br/>STE 210<br/>BOCA RATON FL 33431<br/>US</b> | Mailing Address<br><b>2200 NW CORPORATE BLVD<br/>STE 210<br/>BOCA RATON FL 33431-7307<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>07/21/1983</b> | 3a. Date of Last Report<br><b>03/26/1996</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21 801 S.W. 20TH STREET</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br><b>26 801 S.W. 20TH STREET</b><br>Suite, Apt. #, etc. |
|---|--|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2420000</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |   |
|---|---|
| 22 City & State<br><b>23 BOCA RATON, FL</b> | 27 City & State<br><b>28 BOCA RATON, FL</b> |
|---|---|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|                        |                                 |                        |                              |
|------------------------|---------------------------------|------------------------|------------------------------|
| 24 Zip<br><b>33486</b> | 25 Country<br><b>PALM BEACH</b> | 29 Zip<br><b>33486</b> | 30 City<br><b>PALM BEACH</b> |
|------------------------|---------------------------------|------------------------|------------------------------|

|   |                                    |
|---|------------------------------------|
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|------------------------------------|

9. Name and Address of Current Registered Agent

|  |
|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

**WAHL, TIMOTHY L.  
801 SW 20 STREET  
BOCA RATON FL 33486**

|  |
|--|
| 10. Name and Address of New Registered Agent         |
| 1 Name   |
| 2 Street Address (P.O. Box Number is Not Acceptable) |
| 3  |
| 4 City <b>FL</b> 5 Zip Code <b>85</b>                |

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

|                 |                             |                                 |
|-----------------|-----------------------------|---------------------------------|
| TITLE           | <b>PST</b>                  | <input type="checkbox"/> DELETE |
| NAME            | <b>WAHL, TIMOTHY L</b>      |                                 |
| STREET ADDRESS  | <b>801 SW 20TH STREET</b>   |                                 |
| CITY - ST - ZIP | <b>BOCA RATON, FL 00000</b> |                                 |
| TITLE           | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME            | <b>WAHL, TIMOTHY L</b>      |                                 |
| STREET ADDRESS  | <b>801 SW 20TH STREET</b>   |                                 |
| CITY - ST - ZIP | <b>BOCA RATON, FL 00000</b> |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE           |   |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE           |   |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE           |   |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE           |   |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE           |   |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)