


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

FILED
Jan 29 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G82661 (1)
1. Corporation Name
WENTCO, INC.

Principal Place of Business 3861 EDWARDS ST P.O. BOX 05-0489 FORT MYERS FL 33916 US	Mailing Address 3861 EDWARDS STREET FT. MYERS FL 33916 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/01/1984	4. FEI Number 59-2391390	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
BROWN, FLETCHER
124 NORTH BREVARD AVENUE
P.O. BOX 349
ARCADIA FL 33821

10. Name and Address of New Registered Agent 81 Name Eugene E. Waldron Jr 82 Street Address (P.O. Box Number is Not Acceptable) Waldron & Carlton P.A. 83 124 N. Brevard Avenue 84 City Arcadia FL 85 Zip Code 34266
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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 Eugene E. Waldron Jr DATE 1/22/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	EARLE, RONNIE J.
STREET ADDRESS	4950 CEDAR HAMMOCK COURT
CITY-ST-ZIP	FT. MYERS FL
TITLE	V <input type="checkbox"/> DELETE
NAME	THOMAS, ROBERT C.
STREET ADDRESS	6 SEVILLA AVE
CITY-ST-ZIP	ARCADIA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	NOBLES, GERALD
STREET ADDRESS	144 FLORIDA STREET
CITY-ST-ZIP	FORT OGDEN FL
TITLE	S <input type="checkbox"/> DELETE
NAME	PEKAREK, CATHERINE J
STREET ADDRESS	2112 SW 2ND ST
CITY-ST-ZIP	CAPE CORAL FL
TITLE	T <input type="checkbox"/> DELETE
NAME	CARR, DEBRA L.
STREET ADDRESS	1311 S.E. 21ST TERR.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BELISLE, DANIEL L
STREET ADDRESS	107 S MAPLE AVENUE
CITY-ST-ZIP	LEHIGH ACRES FL

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

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 an attachment with an address.

SIGNATURE: Debra L. Carr DATE: 01/21/98 941X94-2700

CR2E034 (10/97)