

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H47556** (6)

1. Corporation Name  
**WFG, INC.**



Principal Place of Business  
**4545 LEASANT HILL RD  
STE - 114  
KISSIMMEE FL 34759  
US**

Mailing Address  
**4545 PLEASANT HILL RD  
STE - 114  
KISSIMMEE FL 34759  
US**

3. Date Incorporated or Qualified  
**03/18/1985**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**58-1610002**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired **XXXXX** **\$8.75** Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

30

9. Name and Address of Current Registered Agent

**FISCHER, MARGARET  
4545 PLEASANT HILL RD  
STE - 114  
KISSIMMEE FL 34759**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 the date of signature

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WATERMAN, RICHARD M</b>	
STREET ADDRESS	<b>11967 POLO CLUB RD</b>	
CITY - ST - ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>FISCHER, LOUIS E.</b>	
STREET ADDRESS	<b>4545 PLEASANT HILL ROAD</b>	
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>FISCHER, MARGARET H</b>	
STREET ADDRESS	<b>4545 PLEASANT HILL ROAD</b>	
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	
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	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>V</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>S</b>
4.3 STREET ADDRESS	<b>VICKEY S. WATSON</b>
4.4 CITY - ST - ZIP	<b>4545 PLEASANT HILL ROAD, SUITE 114 KISSIMMEE, FL 34759</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 it 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:

MARGARET H. FISCHER

4/15/96

407/847-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)