

**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 # **H61384**

1. Corporation Name

**GEORGE WAGNER ASSOCIATES INC.**

Principal Place of Business

Mailing Address

**8035 SUMMER SHORES DR.  
DELRAY BEACH, FL 33446**

3. Date Incorporated or Qualified

**6-15-87**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**59-2664006**

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEORGE WAGNER  
8035 SUMMER SHORES DR.  
DELRAY BEACH, FL 33446**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*George Wagner*

(If the Registered Agent Signature is required when registering)

DATE

**May 3, 1996**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PRESIDENT**  DELETE  
NAME: **GEORGE WAGNER**  
STREET ADDRESS: **8035 SUMMER SHORES DR.**  
CITY-ST-ZIP: **DELRAY BEACH, FL 33446**

TITLE: **VICE PRESIDENT**  DELETE  
NAME: **ETHEL WAGNER**  
STREET ADDRESS: **8035 SUMMER SHORES DR.**  
CITY-ST-ZIP: **DELRAY BEACH, FL 33446**

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

1. TITLE  Change  Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**200001869082**  
**-06/20/96--01026--018**  
**\*\*\*200.00**

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 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 applicable, or on an attachment with an address.

SIGNATURE:

*George Wagner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/96**

**(407) 498-7222**  
Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_

CR2E034 (12/95)