

**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 # **J42734 (0)**  
1. Corporation Name  
**WENSRIC, INC.**



Principal Place of Business: % GEORGIANNA JORDAN, 45 BARONY DRIVE, MERRITT ISLAND FL 32953  
Mailing Address: % GEORGIANNA JORDAN, 45 BARONY DRIVE, MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified: 11/18/1986  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 58-1718964  
5. Certificate of Status Desired:  \$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. Country

9. Name and Address of Current Registered Agent  
JORDAN, GEORGIANNA  
45 BARONY DRIVE  
MERRITT ISLAND FL 32953

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, RICHARD	
STREET ADDRESS	220 HICKORY AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JORDAN, GEORGIANNA	
STREET ADDRESS	220 HICKORY AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Wendi Jordan-Hart	
STREET ADDRESS	4955 Shade Tree Dr	
CITY-ST-ZIP	Cocoa, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	James E. Hart II	
STREET ADDRESS	4955 Shade Tree Dr	
CITY-ST-ZIP	Cocoa, FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Richard David Jordan	
STREET ADDRESS	Spruce	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Wendi Jordan-Hart	
13 STREET ADDRESS	4955 Shade Tree Dr	
14 CITY-ST-ZIP	Cocoa, FL 32926	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	James E. Hart II	
23 STREET ADDRESS	4955 Shade Tree Dr	
24 CITY-ST-ZIP	Cocoa, FL 32926	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Richard D. Jordan	
33 STREET ADDRESS	265 Spruce	
34 CITY-ST-ZIP	Merritt Island, FL 32953	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 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: *Ginger Jordan* Apr 11 1996 407452 5189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)