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FILED  
Feb 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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 32953-4630

3. Date Incorporated or Qualified 11/18/1986	3a. Date of Last Report 04/16/1996
4. FEI Number 58-1718964	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 45 Barony Ave Suite, Apt. #, etc.	2a. Mailing Address 26. 220 Hickory Ave Suite, Apt. #, etc.
22. City & State 23. Merritt Island FL Zip Country	27. City & State 28. Merritt Island FL Zip Country
24. 32953 25. Brevard	29. 32953 30. Brevard

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: *[Signature]* (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	WENDI JORDAN-HART	
STREET ADDRESS	4955 SHADE TREE DR	
CITY - ST - ZIP	COCOA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JORDAN, GEORGIANNA	
STREET ADDRESS	220 HICKORY AVE.	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES E HART, II	
STREET ADDRESS	4955 SHADE TREE DRIVE	
CITY - ST - ZIP	COCOA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RICHARD D JORDAN	
STREET ADDRESS	285 SPRUCE	
CITY - ST - ZIP	MERRITT ISLAND FL	
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 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 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]* 2.25.97 407 4625189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)