


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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L31139** (3)
1. Corporation Name
WYCON CORPORATION

Principal Place of Business 210 UNIVERSITY DR., SUITE 900 CORAL SPRINGS FL 33071	Mailing Address 210 UNIVERSITY DR., SUITE 900 CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 11/21/1989	
24		25		4. FEI Number 65-0158460	
29		30		Applied For Not Applicable	
5. Certificate of Status Desired		8. Election Campaign Financing Trust Fund Contribution		5. \$8.75 Additional Fee Required	
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30		7. Yes		No	

9. Name and Address of Current Registered Agent WEICHOLZ, STEPHEN 210 UNIVERSITY DR., SUITE 900 CORAL SPRINGS FL 33071		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEICHOLZ, STEPHEN 210 UNIVERSITY DR. CORAL SPRINGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLS, DENNIS 210 UNIVERSITY DR. CORAL SPRINGS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V WILLS, DENNIS 210 UNIVERSITY DR. CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLOMON, ALBERT S. 210 UNIVERSITY DR. CORAL SPRINGS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEICHOLZ, SCOTT 210 UNIVERSITY DRIVE CORAL SPRINGS FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUTTER, KEN 210 UNIVERSITY DRIVE CORAL SPRINGS FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DARREN, MARSH 210 UNIVERSITY DR CORAL SPRINGS FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	V MARSH, DARREN 210 UNIVERSITY DR. CORAL SPRINGS, FL 33071

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 _____

CF2E034 (10/97)