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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 22 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 (3)DOCUMENT # **L97998** WURTZ ENTERPRISES, INC. Mailing Address Principal Place of Business P. O. BOX 1541 3810 NE 17TH ST. CIR SILVER SPRINGS FL 34489 OCALA FL 34470 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/06/1990 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2944905 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No Ζip Country Zip Country Personal Property Tax due June 30, 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WURTZ, ROBERT 3810 N E 17TH ST., CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34470 83 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE WURTZ, ROBERT 1.2 NAME NAME 3810 N E 17TH ST., CIRCLE STREET ADDRESS 1.3 STREET ADDRESS OCALA FL 1.4 City-ST-ZIP CiTY - ST - ZIP ___ Addition DELETE Change 2,1 TITLE TITLE WURTZ, JEANE 2.2 NAME NAME 3810 N E 17TH ST., CIRCLE 2.3 STREET ADDRESS STREET ADDRESS OCALA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition Change 6.1 TITLE TITLE 6.2 NAME NAME

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 or an attachment with an address. -7-98 352-732-9919

6.3 STREET ADDRESS

6.4 CITY - ST - ZIF

STREET ADORESS

SIGNATURE:

CITY-ST-ZIP