

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

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**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M71252 (4)

1. Corporation Name
WANMAR ENTERPRISES, INC.



Principal Place of Business 4332 LITHIA SPRINGS ROAD LITHIA FL 33547	Mailing Address 4332 LITHIA SPRINGS ROAD LITHIA FL 33547-1725
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/11/1988	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2875824	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	7. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**J WAYNE WALKER
4332 LITHIA SPRINGS RD
LITHIA FL 33547**

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	

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 _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, J. WAYNE	
STREET ADDRESS	4332 LITHIA SPRINGS RD.	
CITY - ST - ZIP	LITHIA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, MARGARET C.	
STREET ADDRESS	4332 LITHIA SPRINGS RD.	
CITY - ST - ZIP	LITHIA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEGENHAUER, SCOTT	
STREET ADDRESS	10408 HARVESTIME PLACE	
CITY - ST - ZIP	RIVERVIEW 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	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID W. WALKER	
1.3 STREET ADDRESS	5201 18th ST, SOUTH	
1.4 CITY - ST - ZIP	ZEPHYRHILLS, FLA. 33540	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DEBORAH WALKER	
2.3 STREET ADDRESS	5201 18th ST, SOUTH	
2.4 CITY - ST - ZIP	ZEPHYRHILLS, FLA. 33540	
3.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	J. WAYNE WALKER	
3.3 STREET ADDRESS	4332 LITHIA SPRINGS RD.	
3.4 CITY - ST - ZIP	LITHIA, FLA. 33547	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARGARET C. WALKER	
4.3 STREET ADDRESS	4332 LITHIA SPRINGS RD.	
4.4 CITY - ST - ZIP	LITHIA, FLA. 33547	
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: J. Wayne Walker **J. WAYNE WALKER** 4/10/97 (813) 685-9375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)