

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **N50837** (6)

1. Corporation Name
WEDDING PROFESSIONALS OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
P.O. BOX 720913 P.O. BOX 720913
ORLANDO FL 32872 ORLANDO FL 32872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/15/1992	3a. Date of Last Report 03/15/1994
4. FEI Number 59-3150622	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAMOTTE, KEITH B. 4950 HALL RD. ORLANDO FL 32817		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		FL	B5 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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, STEVE	1.2 NAME	Brian Dostert
STREET ADDRESS	7325 LAKE UNDERHILL	1.3 STREET ADDRESS	1932 Howell Branch Road
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Winter Park FL 32792
TITLE	VD	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTZ, ANNE MARIE	2.2 NAME	Patrick Lyons
STREET ADDRESS	9344 TOBY LANE	2.3 STREET ADDRESS	3461 Edgewater Drive
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32804
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOSCH, LOUISE	3.2 NAME	
STREET ADDRESS	110 VALLEY CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADEN, KIMBERLY	4.2 NAME	Sim Seckbach
STREET ADDRESS	1000 W AMELIA	4.3 STREET ADDRESS	1809 East Colonial Drive
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando FL 32803
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brian Dostert 2-27-95 407-426-7033
(Signature and typed or printed name of signing officer or director) Date Expiration Period