

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N50837** (6)

1. Corporation Name

**WEDDING PROFESSIONALS OF CENTRAL FLORIDA, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 720913  
ORLANDO FL 32872

P.O. BOX 720913  
ORLANDO FL 32872

3. Date Incorporated or Qualified **09/15/1992** 3a. Date of Last Report **03/08/1995**

2. Principal Place of Business

2a. Mailing Address

21 **501 N. ORLANDO AVE**

26 **501 N. ORLANDO AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **313-154**

27 **313-154**

City & State

City & State

23 **WINTER PARK FL**

28 **WINTER PARK FL**

Zip Country

Zip

Country

24 **32789-7313** 25 **USA**

29 **32789-7313** 30 **USA**

4. FEI Number **59-3150622**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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**

81 Name **BRIAN DOSTERT**  
82 Street Address (P.O. Box Number is Not Acceptable) **2124 EDGEWATER DR**  
83  
84 City **ORLANDO** FL 85 Zip Code **32804**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **2-13-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOSTERT, BRIAN	
STREET ADDRESS	1932 HOWELL BRANCH RD	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LYONS, PATRICK	
STREET ADDRESS	3461 EDGEWATER DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BLOSCHE, LOUISE	
STREET ADDRESS	110 VALLEY CIRCLE	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SECKBACH, SIM	
STREET ADDRESS	1809 E COLONIAL DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOSTERT, BRIAN	
1.3 STREET ADDRESS	2124 EDGEWATER DR	
1.4 CITY - ST - ZIP	ORLANDO FL 32804	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	32804	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SLIFKER, PETE	
3.3 STREET ADDRESS	4950 HALL ROAD	
3.4 CITY - ST - ZIP	ORLANDO FL 32807	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	32803	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **2/13/96** Daytime Phone # **407/426-7033**

CR2E037 (12/95)