

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 501 N ORLANDO AVE #313-154 WINTER PARK FL 32789-7313 US	Mailing Address 501 N ORLANDO AVE #313-154 WINTER PARK FL 32789-7313 US
---	---

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

3. Date Incorporated or Qualified 09/15/1992	3a. Date of Last Report 03/11/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DOSTERT, BRIAN
2124 EDGEWATER DR
ORLANDO FL 32804**

10. Name and Address of New Registered Agent
81 Name **PATRICK LYONS**
82 Street Address (P.O. Box Number is Not Acceptable)
3461 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 **3-5-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD DOSTERT, BRIAN <input checked="" type="checkbox"/> DELETE
NAME	2124 EDGEWATER DR
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	VP LYONS, PATRICK <input type="checkbox"/> DELETE
NAME	3461 EDGEWATER DR
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	TD SLIFKER, PETE <input type="checkbox"/> DELETE
NAME	4950 HALL ROAD
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	SD SECKBACH, SIM <input checked="" type="checkbox"/> DELETE
NAME	1809 E COLONIAL DR
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
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	D V VICE PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANNE MARIE LENTZ
1.3 STREET ADDRESS	4950 HALL RD
1.4 CITY-ST-ZIP	ORLANDO FL 32817
2.1 TITLE	D P PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LYONS, PATRICK
2.3 STREET ADDRESS	3461 EDGEWATER DR
2.4 CITY-ST-ZIP	ORLANDO FL 32804
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D S SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LINDA CALDERARO
4.3 STREET ADDRESS	3030 ST. RD. 436
4.4 CITY-ST-ZIP	APOPKA FL 32703
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 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 **3-1-97** **4022227520**

CR2E037 (9/96)