

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P24877 (3)
1. Corporation Name
WESGEN, INC.

Principal Place of Business

Mailing Address

THE OADRANGLE
4400 ALAFAYA TRAIL
ORLANDO FL 32826-2399

THE OADRANGLE
4400 ALAFAYA TRAIL
ORLANDO FL 32826-2399

FILED

97 OCT 30 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified	35. Date of Last Report
06/21/1989	06/25/1996
4. FEI Number	Applied For
25-1563806	Not Applicable
6. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Lisa K. Pastor - LISA K. PASTOR - ASST. Secy

10/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REES, M.D.	
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COFFMAN, J M	
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUMANCIK, J. A.	
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DASH, J A	
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MORF, C E	
STREET ADDRESS	WESTINGHOUSE BLDG., GATEWAY CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BACHY, D M	
STREET ADDRESS	11 STANWIX ST	
CITY-ST-ZIP	PITTSBURGH PA	

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Simonini, R. R.	
13 STREET ADDRESS	4400 Alafaya Trail	
14 CITY-ST-ZIP	Orlando, FL 32826	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	300002338543	
23 STREET ADDRESS	-11/05/97--01070--022	
24 CITY-ST-ZIP	****750.00 ****750.00	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 M Bachy, D M Bachy, Secretary

9/25/97 412-642-5260

CR2E034 (4/97)

09/25/1997

Additional Officers
Wesgen, Inc.

S. B. Neale	Vice President
Primary :	
Address : 4400 ALAFAYA TRAIL	
ORLANDO, FL 32826	
T. J. Herder	Assistant Secretary
Primary :	
Address : 4400 ALAFAYA TRAIL	
ORLANDO FL 32826	
K. D. Keyes	Assistant Secretary
Primary :	
Address : 11 STANWIX STREET	
PITTSBURGH, PA 15222	
R. L. Misback	Assistant Secretary
Primary : 4400 ALAFAYA TRAIL	
Address : ORLANDO, FL 32826	
L. A. Borgo	Vice President
Primary :	
Address : 4400 ALAFAYA TRAIL	
ORLANDO, FL	
C. J. Ranck	Assistant Secretary
Primary :	
Address : 4400 ALAFAYA TRAIL	
ORLANDO FL 32826	