


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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT-CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Morthain Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33010 (0)

1. Corporation Name
WHIBCO, INC.

Principal Place of Business
6811 BELVEDERE RD.
WEST PALM BEACH FL 33413

Mailing Address
87 E. COMMERCE ST.
BRIDGETON NJ 08302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-5592939	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SJOGREN, WALTER R. SR.
191 SHELTER LANE
JUPITER INLET COLONY FL 33469

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Walter R. Sjogren
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SJOGREN, WALTER R. SR.	1.2 NAME	
STREET ADDRESS	191 SHELTER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER INLET COLONY FL 33469	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SJOGREN, JANE B	2.2 NAME	
STREET ADDRESS	191 SHELTER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER INLET COLONY FL	2.4 CITY-ST-ZIP	33469
TITLE	PT	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SJOGREN, WADE R	3.2 NAME	
STREET ADDRESS	87 E. COMMERCE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGETON NJ	3.4 CITY-ST-ZIP	08302
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SJOGREN, WALTER J	4.2 NAME	
STREET ADDRESS	87 E COMMERCE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGETON NJ	4.4 CITY-ST-ZIP	08302
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 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

Walter R. Sjogren

1-21-98/1097 455-9200

CR2E034 (10/97)