

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # P40856 (7)
1. Corporation Name
WRG (DELAWARE) INC.



Principal Place of Business Mailing Address
**ONE TOWN CENTER ROAD
BOCA RATON FL 33486-1010** **ONE TOWN CENTER ROAD
BOCA RATON FL 33486-1010**

3. Date Incorporated or Qualified 3a. Date of Last Report
10/08/1992 **04/28/1995**

4. FEI Number Applied For
65-0331979 Not Applicable

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

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 agent 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 _____ DATE _____
Signature: typed or printed name of registered agent and their principal office (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, B.J.	
STREET ADDRESS	5103 CORONADO RIDGE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPAT	<input checked="" type="checkbox"/> DELETE
NAME	CHADER, G.H.	
STREET ADDRESS	60 RAVINE AVE	
CITY-ST-ZIP	WYCKOFF NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LAMM, R.B.	
STREET ADDRESS	2588 NW 64TH BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	HOUCHIN, P.D.	
STREET ADDRESS	11900 NW 5TH STREET	
CITY-ST-ZIP	PLANTATION FL	
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	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alan D. Fiers	
1.3 STREET ADDRESS	4000 N. River Street	
1.4 CITY-ST-ZIP	Arlington, VA 22207	
2.1 TITLE	Vice President & Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul McMahon	
2.3 STREET ADDRESS	6672 NW 98th Drive	
2.4 CITY-ST-ZIP	Parkland, FL 33076	
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	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mark Kreger	
5.3 STREET ADDRESS	8213-B Thames Blvd.	
5.4 CITY-ST-ZIP	Boca Raton, FL 33433	
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: _____ **4/9/96** **407-362-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Paul McMahon (Typed Name) (Typed Phone #)

CR2E034 (12/95)