


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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000004471 (7)			
1. Corporation Name WAGNER DEVELOPMENT, INC.			
Principal Place of Business WAGNER DEVELOPMENT INC 5930 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US		Mailing Address 46 N. WASHINGTON BLVD. SUITE 1 SARASOTA FL 34236-5977	
2. Principal Place of Business		2a. Mailing Address	
21	5930 GULF OF MEXICO DR.	26	5930 GULF OF MEXICO DR.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	LONGBOAT KEY FL	28	LONGBOAT KEY FL
Zip		Zip	
24	34228	29	34228
Country		Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PATTERSON, JOHN 46 NORTH WASHINGTON BLVD. SUITE 1 SARASOTA FL 34236		81 Name ROLF-JURGEN WAGNER 82 Street Address (P.O. Box Number is Not Acceptable) 5930 Gulf of Mexico Drive 83 84 City Longboat Key FL 85 Zip Code 34228	
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 607.0502, Florida Statutes.			
SIGNATURE		DATE	
[Signature]		May 9, 97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	WAGNER, ROLF-JURGEN	1.2 NAME	
STREET ADDRESS	5930 GULF OF MEXICO DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	SV	2.1 TITLE	
NAME	WAGNER, GABRIELA	2.2 NAME	
STREET ADDRESS	5930 GULF OF MEXICO DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	
TITLE	TR	3.1 TITLE	
NAME	WAGNER, OLIVER	3.2 NAME	
STREET ADDRESS	1128 EDGEHILL PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKVILLE ON	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WAGNER, ALEXANDER	4.2 NAME	
STREET ADDRESS	5930 GULF OF MEXICO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:		PRESIDENT	
[Signature]		April 16/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



CR2E034 (9/96)