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

PROFIT **CORPORATION** ANNUAL REPORT

1998



ELOBIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000004471 (7)

WAGNER DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**FILED** Mar 19 1998 8:00am Secretary of State

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5930 GULF OF MEXICO DR 46 N. WASHINGTON BLVD. LONGBOAT KEY FL 34228 DO NOT WRITE IN THIS SPACE SARASOTA FL 34236 3. Date Incorporated or Qualified 01/19/1993 4. FEI Number 2. Principal Place of Business 26. Mailing Address Applied For 26 5930 GULF OF MEXICO DRIVE 65-0475553 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 LONGBOAT KEY FL Trust Fund Contribution Added to Fees Žiρ Country 8. This corporation owes or has paid the current year Intangible 34228 24 Personal Property Tax due June 30. X Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROLF-JURGEN, WAGNER 5930 GULF OF MEXICO DR 82 Street Address (P.O. Box Number Is Not Acceptable) LONGBOAT KEY FL 34228 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE 1.2 NAME WAGNER, ROLF-JURGEN NAME 5930 GULF OF MEXICO DR STREET ADDRESS 1.3 STREET ADDRESS LONGBOAT KEY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 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 DELETE Change Addition TITLE 3.1 TITLE WAGNER, OLIVER NAME 3 2 NAME STREET ADDRESS 1128 EDGEHILL PL 3.3 STREET ADDRESS **OAKVILLE ON** 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME WAGNER, ALEXANDER 4. 2 NAME 5930 GULF OF MEXICO DR STREET ADDRESS 4.3 STREET ADDRESS longboat key fl CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Vhereby certify that the information supplied with this filling 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 endress.

SIGNATURE:

ALLEN, PRESIDENT March, 15/98