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

Mailing Address

SUITE 302

1777 TAMIAMI TRAIL

PORT CHARLOTTE FL 33948-1051

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

PORT CHARLOTTE FL 33948-1051

SIGNATURE:

1777 TAMIAMI TRAIL

SUITE 200



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 08 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000023849 (1)

WENCK & WENCK ENTERPRISES, INC.

	US			ate of Last Report 11/1996
	ace of Business 28. Mailing Address		4. FEI Number	Applied For
	5 TAMIAMITT., 26 2265 TA	miamils	65-0397719	Not Applicable
Suite Apt	#, etc.  Suite, Apt. #, etc.  Te B 27 Suite 5	}	6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		1/1	6. Election Campaign Financing	\$5.00 May Be
23 MORT	Charlotte Fl 28 Port Charl		Trust Fund Contribution	Added to Fees
<sub>፫ጋ</sub> <b>ን</b> ው <b>አ</b> ዓ	52 25 Charlotte 29 33952 3	Charlotta	8. This corporation has liability for intangible Florida Statutes	
24 00 /	9. Name and Address of Current Registered Agent	CHATTON	Florida Statutes	
WENCK, THOMAS E 81 Name				
2359 FINTON ROD ST			82 Street Address (P.O. Box Number is Not Acceptable)	
PORT CHARLOTTE FL 33948-3410		82 Street Addre	5treet Address (F.O. Box Number is Not Acceptable)	
,		83		
		84 City		85 Zip Code
			FL	
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 Superfor: Pyted or product name of registered agent and title if applicable (NOTE: Registered Agent algorable required when reinstating)  DATE				
12.	Signature typed or printed name of registered agent and fit is if applicable (NOTÉ: R  OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DP DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WENCK, THOMAS E	1.2 NAME		-
\$18EEL ADDRESS	2359 FINTONROD ST	1.3 STREET ADDRESS		
CHY-ST ZiF	PORT CHARLOTTE FL 33948-3410	1.4 CITY - ST - ZIP		
TITLE	DV DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WENCK, KAREN L	2.2 NAME		•
STREET ADDRESS	2359 FINTONROD ST	2.3 STREET ADDRESS	2.5	
CHTY - ST - ZIF	PORT CHARLOTTE FL 33948-3410	2. 4 CITY - ST - ZIP		
T.1LF	☐ DELETÉ	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-7/P		3.4. CITY - ST - ZIP		
T-TLF	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY: ST-ZiF	M or or	4.4 CITY-ST-ZIP		I Disease I Address
TITLE	L_J DELETE	5.1 TITLE		L. Change L. Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CHY-SI-ZIP	DELETÉ	5.4 CATY - ST - ZIP 6.1 TITLE		Change Addition
T.[LF	_ velete	6.1 HILE 6.2 NAME		ET CHEMIST ET MODITION
NAME CONTRACT ABSORDED				
STREET ADDRESS		6.9 STREET ADDRESS		
CHY-SI-Z# 14. I do herek	by certify that the information supplied with this filing does not qualify	6.4 CiTY-ST-ZIP or the exemption stated	in Section 119.07(3)(i), Florida Statutes. I furthe	r 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.				