

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Carole B. Methman  
Secretary of State  
1995

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

95 MAY -1 PH 1:20

DOCUMENT # **P93000052069 (0)**

**WESSINGER DEVELOPMENT GROUP, INC.**

Principal Office: 10747 NORTHWEST 18TH COURT CORAL SPRINGS FL  
Mailing Address: 10747 NORTHWEST 18TH COURT CORAL SPRINGS FL

3. Certificate of Incorporation: 07/26/1993  
38. Certificate of Report: 08/15/1994  
4. FEI Number: 65-0431429  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contributions:  \$5.00 May Be Added to Fees  
8. This corporation has authority for intangible tax under S. 199.032:  Yes  No

2. Principal Office: 21  
28. Mailing Address: 26  
22. State: 27  
23. City: 28  
24. City: 25  
29. City: 30

9. Name and Address of Current Registered Agent: WESSINGER, WILLIAM D JR. 10747 NORTHWEST 18TH COURT CORAL SPRINGS FL 33071  
10. Name and Address of New Registered Agent: 81. Name: 82. Street Address: 83. City: 84. City: FL 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0201, 607.0202, and 607.1504, Florida Statutes, the above named corporate entity has stated 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of a registered agent under Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
1. NAME: D WESSINGER, WILLIAM D JR.	2. STREET ADDRESS: 10747 NORTHWEST 18TH COURT	3. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY: CORAL SPRINGS FL 33071		5. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:		7. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME:		9. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:		11. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME:		13. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:		15. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME:		17. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:		19. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME:		21. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and checked out equally for the incorporation state in accordance with the Florida Statutes. I further certify that the information provided on this annual report is true and correct and that my signature is genuine. The undersigned officer and each officer of this corporation or the corporation's authorized representative and accepts the report as required by Florida Statutes and that my name appears on the back of this report and on any other filing with the state.

SIGNATURE: x *William D. Wessinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5/16/95