

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000052069 (0)
1. Corporation Name

WESSINGER DEVELOPMENT GROUP, INC.



Principal Place of Business: 10747 NORTHWEST 18TH COURT CORAL SPRINGS FL
Mailing Address: 10747 NORTHWEST 18TH COURT CORAL SPRINGS FL

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: 65-0431429
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

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 (81-85) fields.

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: Signature, typed or printed name of registered agent and title. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	WESSINGER, WILLIAM D JR. 10747 NORTHWEST 18TH COURT CORAL SPRINGS FL 33071	11 TITLE: PRESIDENT	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME: WESSINGER, WILLIAM D JR.		12 NAME: Wm. D. Wessinger Jr.	
STREET ADDRESS: 10747 NORTHWEST 18TH COURT		13 STREET ADDRESS: 10747 NW 18th Ct.	
CITY-ST-ZIP: CORAL SPRINGS FL 33071		14 CITY-ST-ZIP: CORAL SPRINGS, FL 33071	
TITLE: [] DELETE		21 TITLE: SECRETARY	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME: [] DELETE		22 NAME: HEIDER WESSINGER	
STREET ADDRESS: [] DELETE		23 STREET ADDRESS: 10747 NW 18th Ct.	
CITY-ST-ZIP: [] DELETE		24 CITY-ST-ZIP: Coral Springs, FL 33071	
TITLE: [] DELETE		31 TITLE: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME: [] DELETE		32 NAME: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS: [] DELETE		33 STREET ADDRESS: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP: [] DELETE		34 CITY-ST-ZIP: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE: [] DELETE		41 TITLE: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME: [] DELETE		42 NAME: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS: [] DELETE		43 STREET ADDRESS: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP: [] DELETE		44 CITY-ST-ZIP: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE: [] DELETE		51 TITLE: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME: [] DELETE		52 NAME: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS: [] DELETE		53 STREET ADDRESS: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP: [] DELETE		54 CITY-ST-ZIP: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE: [] DELETE		61 TITLE: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME: [] DELETE		62 NAME: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS: [] DELETE		63 STREET ADDRESS: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP: [] DELETE		64 CITY-ST-ZIP: [] Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William D. Wessinger, Sec.* 8-5-96 (954) 341-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HEIDER WESSINGER

CR2E034 (3/96)