

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90016 025 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000052069**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/26/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0431429</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Name <b>HEILDER WESSINGER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>10747 NW 18 Ct.</b>
83 City <b>CORAL SPR.</b>
84 City <b>CORAL SPR.</b>
85 Zip Code <b>FL 33071</b>

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: *Heilder Wessinger* (NOTE: Registered Agent signature required when reinstating) DATE: **4-29-99**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WESSINGER, WILLIAM D JR.</b>
STREET ADDRESS	<b>10747 NORTHWEST 18TH COURT</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WESSINGER, WILLIAM D. JR.</b>
STREET ADDRESS	<b>10747 N.W. 18TH COURT</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>WESSINGER, HEILDER</b>
STREET ADDRESS	<b>10747 N.W. 18TH COURT</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>P-D-S HEILDER WESSINGER</b>
3.3 STREET ADDRESS	<b>10747 NW 18 Ct FL 33071</b>
3.4 CITY-ST-ZIP	<b>CORAL SPR, FL 33071</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Heilder Wessinger* SIGNATURE REQUIRED DATE: **4-29-99** (954) DAYTIME PHONE #: **752-4126**

CR2E034 (1/98)