

4-21-97 B-5113 - C

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

FILED

Apr 21 1997 8:00am  
Secretary of State

|                                       |   |  |
|---------------------------------------|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------|---|--|

DOCUMENT # P93000075896 (9)  
1. Corporation Name  
WENTLAND ENTERPRISES, INC.



|  |   |
|--|---|
| Principal Place of Business<br>7712 9TH AVE. DR. NORTHWEST<br>BRADENTON FL 34209 | Mailing Address<br>7712 9TH AVE. DR. NORTHWEST<br>BRADENTON FL 34209-1002 |
|--|---|

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| 2. Principal Place of Business<br>21 6119 Winchester Pl<br>Suite, Apt. #, etc.<br>22                                       | 2a. Mailing Address<br>26 SAME<br>Suite, Apt. #, etc.<br>27 | 3. Date Incorporated or Qualified<br>10/28/1993   | 3a. Date of Last Report<br>04/23/1996 |
| 23 City & State<br>SAKASOTA, Florida   | 28 City & State   | 4. FEI Number<br>65-0374916   | Applied For<br>Not Applicable         |
| 24 Zip<br>34243  | 25 Country<br>MANATEE                                       | 29 Zip  | 30 Country                            |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                        |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                                       |
| 9. Name and Address of Current Registered Agent<br>WENTLAND, LAURIE L<br>7712 9TH AVE. DR. NORTHWEST<br>BRADENTON FL 34209 |   | 10. Name and Address of New Registered Agent  |                                       |

|         |   |    |         |             |
|---------|---|----|---------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
|---------|---|----|---------|-------------|

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------------------|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WENTLAND, STEPHEN R               | 1.2 NAME  | WENTLAND, STEPHEN R.   |
| STREET ADDRESS             | 7712 9TH AVE. DR. NORTHWEST       | 1.3 STREET ADDRESS                                    | 6119 Winchester Place  |
| CITY-ST-ZIP                | BRADENTON FL 34209                | 1.4 CITY-ST-ZIP                                       | SAKASOTA, Florida 34243  |
| TITLE                      | <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| NAME                       |                                   | 2.2 NAME  |  |
| STREET ADDRESS             |                                   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| NAME                       |                                   | 3.2 NAME  |  |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| NAME                       |                                   | 4.2 NAME  |  |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| NAME                       |                                   | 5.2 NAME  |  |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| NAME                       |                                   | 6.2 NAME  |  |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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.

CR2E034 (9/96)

1-21-97 04/23/97