*TAX 59-3267502 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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary & State DIVISION OF CORPORATIONS 1996 P94000007885 (4) **DOCUMENT #** WED CAPITAL INVESTMENTS, INC. Mailing Address Principal Place of Business 3101 SW 34TH AVE 3101 SW 34TH AVE SUITE 905-278 **SUITE 905-278** 5 Praie of 3 t Report 05/01/1995 OCALA FL 34474 OCALA FL 34474 3. Date Incorporated or Qualified 02/01/1994 El Number Applied For 2a. Mailing Address 2. Principal Piace of Business APPLIED FOR Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 26 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Country Zip Yes No Florida Statutes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WOLFSON, GARY L Street Address (P.O. Box Number is Not Acceptable) 3101 SW 34TH AVE 82 **SUITE 905-278** 83 OCALA FL 34474 Zip Code 85 64 City 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. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/5) OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TITLE D THEF 1.2 NAME NAME ASH, LARRY P 3101 SW 34TH AVE SUITE 905-278 1.3 STREET ADDRESS STREET ADDRESS CRZ OCALA FL 34474 1.4 CITY - ST-ZIP CITY - ST - ZIP Change _ Addition I DELETÉ 2.1 TITLE TILLE LEVY, ISAAC L 2.2 NAME NAME 1513 SAN MARCO BLVD 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 2.4 CITY - ST - ZIP City - ST- ZIF Change Addition DELETE 3.1 TITLE HILE RUTLEDGE, GARY R 32 NAME NAM: P.O. BOX 551 N/A **33 STREET ADDRESS** STREET ADDRESS TALLAHASSEE FL 32302 3 4. City - ST- ZiP CHY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE WOLFSON, GARY L 4 2 NAME NAME 3101 SW 34TH AVE SUITE 905-278 4.3 STREET ADDRESS STREET ADDRESS OCALA FL 34474 4.4 CITY-ST-ZIP CHY-ST-ZIP Change Addition DELETE 5.1 TITLE Remissed In Time TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS SCC 9-16-96 5.4 CITY - ST-ZIP CHY-ST-ZIP Change Addition DELETE 6.1 TITLE THLE 900001922659 -08/15/96--01005--006 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS ***1125.00 6.4 CITY-ST-ZIP 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 3 or Block 13 if changed, or on an attachment with an address. CHY-ST-ZIP

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