

1999 PRE PRINTED FORM
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FILED
 May 17, 1999 8:00 am
 Secretary of State

05-17-1999 90073 047 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000029490
 1. Corporation Name
 WALL STREET ACQUISITIONS AND
 GUARANTEES INC

Principal Place of Business
 33 NE 2ND ST, SUITE 210
 FT LAUDERDALE FLORIDA 33301

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
 MAR 94

2. Principal Place of Business
 AS ABOVE
 Suite, Apt. #, etc.
 SUITE 210
 City & State
 FT LAUDERDALE FL
 Zip
 33301

4. FEI Number
 65 0885 892
 Applied For
 Not Applicable
 5. Certificate of Status Desired
 \$8.75 Additional Fee Required
 \$5.00 May Be Added to Fees
 6. Election Campaign Financing Trust Fund Contribution

 8. This corporation owes the current year intangible Personal Property Tax
 Yes No

9. Name and Address of Current Registered Agent
 VICTOR G TRYBANT
 102 SE 16 AVE
 FT LAUDERDALE
 FL 33301

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 607.0502, Florida Statutes.

SIGNATURE: [Signature] DATE: MAR 29 99

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	SECRETARY
NAME	VICTOR G TRYBANT	12 NAME	SANNE M WINTERS
STREET ADDRESS	102 SE 16 AVE	13 STREET ADDRESS	102 SE 16 AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33301	14 CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(f), 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: [Signature] DATE: MAR 29 99