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PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAR 23 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000035253**

1. Corporation Name
WG1, INC.

Principal Place of Business	Mailing Address
100 EAST SYBELIA AVENUE SUITE 225 MAITLAND FL 32751 US	100 EAST SYBELIA AVENUE SUITE 225 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/10/1994

4. FEI Number
59-3243434
[ ] Applied For
[ ] Not Applicable

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 owes Ben Correll your Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAGLE, MARC L
100 EAST SYBELIA AVENUE, SUITE 225
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

500002826035--9
-04/01/99--01036--018
****150.00 ****150.00

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, if applicable (NOTE: Required, if Applicable) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	HAGLE, MARC L		12 NAME	
STREET ADDRESS	100 EAST SYBELIA AVENUE, SUITE 225		13 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751		14 CITY-ST-ZIP	
TITLE	DVPS	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	KRUMM, WALTER T		22 NAME	
STREET ADDRESS	985 BETHEL RD.		23 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH		24 CITY-ST-ZIP	
TITLE	AS	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	LANGFORD, SHARON		32 NAME	
STREET ADDRESS	100 E SYBELIA AVE 225		33 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL		34 CITY-ST-ZIP	
TITLE	AS	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	otte, Mary		42 NAME	
STREET ADDRESS	100 E Sybelia #225		43 STREET ADDRESS	
CITY-ST-ZIP	Maitland, FL 32751		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

LSP 3/23/99

CR2E034 (11/98)

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: _____ 3/6/99 407 629-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)