


FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90108 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000078191

1. Corporation Name

W R INDUSTRIES, INC.



Principal Place of Business	Mailing Address
841 N.W. 57 PLACE FORT LAUDERDALE FL 33309	841 N.W. 57 PLACE FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/24/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0527164	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
25		30		Trust Fund Contribution	
26		31		8. Election Campaign Financing	
27		32		Trust Fund Contribution	
28		33		8. This corporation owes the current year Intangible Personal Property Tax.	
29		34		Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RYAN, WILLIAM D 1579 N.E. 39 STREET OAKLAND PARK FL 33334		81 Name Trapani, Joseph R. 82 Street Address (P.O. Box Number is Not Acceptable) 4334 Cedar Creek Road 83 84 City Boca Raton FL 85 Zip Code 33487	

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 Joseph R. Trapani Joseph R. Trapani President 4/20/99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTSV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, WILLIAM D	1.2 NAME	Trapani, Joseph R.
STREET ADDRESS	1579 N.E. 39 STREET	1.3 STREET ADDRESS	4334 Cedar Creek Road
CITY-ST-ZIP	OAKLAND PARK FL 33334	1.4 CITY-ST-ZIP	Boca Raton, Fla 33487
TITLE	DCM <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DCM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, WILLIAM D	2.2 NAME	Trapani, Joseph R.
STREET ADDRESS	1579 N.E. 39 STREET	2.3 STREET ADDRESS	4334 Cedar Creek Road
CITY-ST-ZIP	OAKLAND PARK FL 33334	2.4 CITY-ST-ZIP	Boca Raton, Fla 33487
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 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:

Joseph R. Trapani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

954-491-3650

CR2E034 (11/98)