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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500005211 (4)

WIEBELIZED, INC.

Principa: Flac	e of Business	Mailing Address				i idmiadt ein idift ditti fille batti filli filli	r remainent sie reibt einte diete dieter betre betre berre gieter beiter bindt bildt judit			
50 SUNRISE C KEY LARGO F		122 NORTH CHURCH RD LAFAYETTE NJ 07848								
						3. Date Incorporated or Qualified 01/19/1995	ŧ	te of Last R	eport	
2. Principal F	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Number			oplied For	
21	ш _ ( .	26				65-0558892			ot Applicable	
Suite, Apt	π, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	<u> </u>	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cor	intry		8. This corporation has liability for i		tax under s	. 199.032,	
4 25 29 3 9. Name and Address of Current Registered Agent				,		Florida Statutes				
		rent Hegistered Agent		81	Name	10. Name and Address of New He	Jistered A	gent		
	SENBERG, DONALD M				Ivallie					
ONE SE THIRD AVENUE SUITE 2600				82 Street Address (P.O. Box Number is Not Acceptable)						
	MI FL 33131			83				***************************************		
				84	City		FL	<b>85</b> Zip	Code	
11 Pursuant	to the provisions of Sections 607.6	0502 and 607 1508. Florida Statu	tae tha a	DOVE	-named co	rporation submits this statement for the p		obanging it	to registered	
office or r	registered agent, or both, in the St im familiar with, and accept the ob-	ate of Florida. Such change was	authoriza	d hy	the coroor	ation's board of directors. I hereby accep	it the appo	ointment as	registered	
SIGNATURE	en de la companya de									
12.	Signature typed or printed name of registered	AND DIRECTORS (NO	TE: Registere	d Age	nt signature req	ulred when reinstating)	DATE AND	DIDECTOR	O IN 40	
1:1LE	D D			TLE	<del></del>	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	WIEBEL, PAUL A		1.2 N					orange	C Magnion	
STREET ADDRESS	50 SUNRISE CAY DRIVE				ADDRESS					
CHTY-ST-ZIP	KEY LARGO FL 33037			ITY-S						
1716	D	<b>₩</b> DELETE	2.1 Ti		1 21			Change	Addition	
NAME	WIEBEL, KAREN L	•	2.2 N	AME						
STREET ADDRESS	50 SUNRISE CAY DRIVE		235	TREET	ADDRESS					
CHY-S1-ZIP	KEY LARGO FL 33037		2.40	HTY-5	ST-ZIP					
THE		DELETE	3.1 T)	3.1 TITLE				Change	Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 \$	TREET	address					
CITY-ST-2011			3.4. C	ITY - S	ST-ZIP					
TATLE		☐ DELETE 4.1		4.1 TITLE				Change	Addition	
NAME			4. 2 N	AME						
SPREET ADDRESS			4.3 S	TREET	ADDRESS					
CHY-St ZiF		Driver		ITY · S	T-ZIP				- 1 K 1 80	
THE		L DELETE	5.1 11					Change	Addition	
NAME			5.2 N							
STREET ADORESS					ADDRESS					
TOTLE		DELETE	5.4 CI 6.1 Ti	ITY-S	1 - ZIP			Change	Addition	
NAME			6.2 N					TT CHRIBE	L YOURDU	
STREET ADDRESS					*DODECC					
					ADDRESS					
011Y-S1-2IF 14. 1 do herel	by certily that the information supp	blied with this filing does not qual		exe		ed in Section 119.07(3)(i), Florida Statute	s I further	certify that	the	
informalic Lani an o	on indicated on this annual report (	or supplemental annual report is a or the receiver or trustee empor	true and a wered to €	<b>BCCU</b>	irate and th	at my signature shall have the same lega ort as required by Chapter 607, Florida S	Laffact as	if made un	der nath: the	

SIGNATURE: PAUL WILDER ALL RECURSO ) 0. SY 2/26 97 20/3837899