


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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000010521 (9)			
1. Corporation Name WHG ENTERPRISES, INC.			
Principal Place of Business 801 UNTER DIN LINDEN FORT MEADE FL 33841		Mailing Address 801 UNTER DIN LINDEN FORT MEADE FL 33841-3735	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
3. Date Incorporated or Qualified 02/06/1995			
3a. Date of Last Report 05/01/1996			
4. FEI Number 65-0603043		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has filed its annual report for 1996, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent GREENE, WILLIAM P 1795 OAKWOOD LOOP AVE. WEST BARTOW FL 33830		10. Name and Address of New Registered Agent	
81 Name Gordon M. Greene		82 Street Address (P.O. Box Number is Not Acceptable) 801 Unter din Linden	
83		84 City Fort Meade	
85 Zip Code 33841		86 State FL	
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: Gordon M. Greene, President Signature: typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 4/19/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME GREENE, WILLIAM P STREET ADDRESS 1795 OAKWOOD LOOP AVE. WEST CITY-ST-ZIP BARTOW FL 33830 <input checked="" type="checkbox"/> DELETE		1.1 TITLE D 1.2 NAME Janet F. Greene 1.3 STREET ADDRESS 1795 Oakwood Loop West 1.4 CITY-ST-ZIP Bartow, FL. 33830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GREENE, GORDON M STREET ADDRESS 2116 KINGS CROSSING S.W. CITY-ST-ZIP WINTER HAVEN FL 33880 <input type="checkbox"/> DELETE		2.1 TITLE D 2.2 NAME Gordon M. Greene 2.3 STREET ADDRESS 801 Unter din Linden 2.4 CITY-ST-ZIP Fort Meade, FL. 33841 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CAIN, JOYCE G STREET ADDRESS 801 UNTER DIN LINDEN CITY-ST-ZIP FORT MEADE FL <input type="checkbox"/> DELETE		3.1 TITLE D 3.2 NAME Joyce G. Cain 3.3 STREET ADDRESS 524 North Crooked Lake Drive 3.4 CITY-ST-ZIP Babson Park, FL. 33827 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BLOCKER, AMY G STREET ADDRESS P.O. BOX 1137 N/A CITY-ST-ZIP FT. MEADE FL 33841 <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D NAME BLOCKER, STEVEN C STREET ADDRESS P.O. BOX 1137 N/A CITY-ST-ZIP FT. MEADE FL 33841 <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do 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. SIGNATURE: Joyce G. Cain, Sec. Treasurer Signature: typed or printed name of signing officer or director DATE: 4-29-97 Daytime Phone # (941) 638-1249			



CR2E034 (9/96)