SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011162

1. Corporation Name

WEDECO, P.A.

Principal Place of Business	Mailing Address
Dr. Mark E. Weaver WEDECO, P.A. 13400 S. Tamiami Trail Suite 200 S. Fort Myers, FL 33907	Dr. Mark E. Weaver WEDECO, P.A. 3661 Runway Street Fort Myers, FL 33917
2. Principal Place of Business 21 1705 Colonial Blvd.	2a. Mailing Address 26 1705 Colonial Blvd.
Suite, Apt. #, etc 22 Suite B-1	Suite, Apt. #, etc 27 Suite B-1
City & State 23 Fort Myers, Florida	City & State 28 Fort Myers, Florida
Zip 24 33907 / Country 25 Lee	Zip 29 33907 / Country 30 Lee

3. Date Incorporated or Qualified: January 31, 1995
3a. Date of Last Report:
4. FEI Number: 65-0112472 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

Mark E. Weaver
13400 S. Tamiami Trail
Suite 200
South Fort Myers, FL 33907

10. Name and Address of New Registered Agent

81 Name: Mark E. Weaver
82 Street Address (P.O. Box Number is Not Acceptable): 1705 Colonial Blvd.
83 Suite B-1
84 City: Fort Myers, FL 85 Zip Code: 33907

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 X Mark E Weaver — Signature, typed or printed name of registered agent and title if applicable — X 6/24/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Board of Directors [ ] DELETE	11 TITLE	Board of Directors [X] Change [ ] Addition
NAME	Mark E. Weaver	12 NAME	Mark E. Weaver
STREET ADDRESS	13400 S. Tamiami Trail #200	13 STREET ADDRESS	1705 Colonial Blvd.
CITY-ST-ZIP	S. Fort Myers, FL 33907	14 CITY ST ZIP	Fort Myers, FL 33907
TITLE	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY ST ZIP	
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	100001892121
TITLE	[ ] DELETE	51 TITLE	-07/12/96--01037--025 [ ] Change [ ] Addition
NAME		52 NAME	***233.75
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE	[ ] DELETE	61 TITLE	7/11/96 [ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Mark E Weaver — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — X 6/24/96