


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

FILED
May 15 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 # P95000018311 (7)			
1. Corporation Name WIPPEL CORPORATION			
Principal Place of Business 1045 KANE CONCOURSE STE 205 BAY HARBOR ISLANDS FL 33154-2119 US		Mailing Address 1045 KANE CONCOURSE STE 205 BAY HARBOR ISLANDS FL 33154-2119 US	
2. Principal Place of Business 21 1255 LA QUINTA DR Suite, Apt #, etc. 22 STE 118 City & State 23 ORLANDO, FL Zip 24 32819		2a. Mailing Address 26 1255 LA QUINTA DR Suite, Apt #, etc. 27 STE 118 City & State 28 ORLANDO, FL Zip 29 32819 Country 30 USA	
3. Date Incorporated or Qualified 03/07/1995		3a. Date of Last Report 04/22/1996	
4. FEI Number 65-0561619		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 liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WIPPEL, RUI 4500 N.W. 99TH CT. #201 MIAMI FL 33178		10. Name and Address of New Registered Agent 81 Name WIPPEL, RUI 82 Street Address (P.O. Box Number is Not Acceptable) 1897 S KIRKMAN RD 83 APT 433 84 City ORLANDO FL 85 Zip Code 32811	
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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WIPPEL, RUI 19380 COLLINS AVE, APT 903 MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD WIPPEL, RUI 1897 S KIRKMAN RD, APT 433 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/21/97 Daytime Phone (407) 851.2899	

CR2E034 (9/96)