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**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000041445 (4)
 1. Corporation Name
WEDDING ENTERPRISES, INC.



Principal Place of Business 285 B US HWY ONE B TEQUESTA FL 33469	Mailing Address P.O. BOX 1012 LOXAHATCHEE FL 33470-1012
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3. Date Incorporated or Qualified 05/25/1995	3a. Date of Last Report 01/10/1997
4. FEI Number 65-0613253	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
ROGERS, ERSKINE C
1803 AUSTRALIAN AVE. S.
SUITE A
W. PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name Sheila Morello
82 Street Address (P.O. Box Number is Not Acceptable) 285 B U.S. Hwy 1
83
84 City Tequesta
85 Zip Code FL 33469

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: *Sheila Anne Morello* DATE: **4-12-97**

12. OFFICERS AND DIRECTORS

TITLE Pres.	NAME MORELLO, SCOTT	DELETED
STREET ADDRESS 285 B U.S. HWY 1	CITY - ST - ZIP TEQUESTA FL 33469	
TITLE S	NAME MORELLO, SHEILA	DELETED
STREET ADDRESS 285 B U.S. HWY 1	CITY - ST - ZIP TEQUESTA FL 33469	
TITLE	NAME	DELETED
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	DELETED
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	DELETED
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres./Treas.	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME morello, scott	
1.3 STREET ADDRESS 285 B U.S. Hwy 1	
1.4 CITY - ST - ZIP Tequesta, FL 33469	
2.1 TITLE V. Pres. Secretary	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME morello sheila	
2.3 STREET ADDRESS 285 B U.S. Hwy 1	
2.4 CITY - ST - ZIP Tequesta, FL 33469	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: *Sheila Anne Morello* DATE: **4-12-97** DAYTIME PHONE: **1-561-747-2901**

CR2E034 (9/96)