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

PROFIT CORPORATION ANNUAL REPORT



1997 DOCUMENT # P95000041445 (4)

WEDDING ENTERPRISES, INC.

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

FILED Apr 21 1997 8:00am Secretary of State

Principal Place of Business 285 B US HWY ONE B TEOUESTA FL 33469	MY ONE P.O. BOX 1012 LOXAHATCHEE FL 33470-1012			
ILUQLOIN IL SONOS			3. Date Incorporated or Qualifie 05/25/1995	3a. Date of Last Report 01/10/1997
2. Principal Place of Business	2a. Mailing Address		4. FEt Number	Applied For
21	26		65-0613253	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country 24 25	Zip	Country 30	This corporation has liability to Florida Statutes	for intangible tax under s. 199.032,
9. Name and Address of 0		[80]	10, Name and Address of New	
ROGERS, ERSKINE C		81 Nàme Q	L	
1803 AUSTRALIAN AVE. S.		82 Street Add	heila Morello Iress (P.O. Box Number is Not Accep	tahlo)
SUITE A		<i>39.</i> 3	SB U.S. HWY	nable)
W. PALM BEACH FL 33409		63		
		84 City		85 Zip Code
		II TO	auesta	FL 33469
 Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent I am familiar with, and accept the 	07.0502 and 607.1508, Florida Statute e State of Florida. Such change was a	es, the above-named co- outhorized by the corpora	rporation submits this statement for thation's board of directors. I hereby ac	ne purpose of changing its registered cept the appointment as registered
agent. I am familiar with, and accept the	obligations of Section 607.0505, Flo	orida Statutes.	,	1/ 12 07
SIGNATURE THEILS OFFI	agroculo			4-12-41
Signature, typod or profed fame of regist 12. OFFICE	RS AND DIRECTORS	Registered Agent signature req		FICERS AND DIRECTORS IN 12
DILE PAPE	DELETE			Change Addition
NAME MORELLO, SCOTT		1.2 NAME	norello, scott	•
STREET ADDRESS 285 B U.S. HWY 1		1.3 STREET ADDRESS		
CITY-ST-7IP TEQUESTA FL 33489		1.4 CITY-ST-ZIP	equesta FL 334V	1 Pacs./ Ireas.
TITLE S	DELETE	2 1 TITLE Y	tres. secretary	Change Addition
NAME MORELLO, SHEILA		2.2 NAME	norello sheik	
STREET ADDIRESS 285 B U.S. HWY 1		2.3 STREET ADDRESS	15B U.S. Hay 1	
CITY-ST ZIP TEQUESTA FL 33489	T RELETE		requesta, FL 33411	
TITLE	☐ DELETE	3.1 TITLE	-	☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP	DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME	FT perfit	4. 2 NAME		FT Oppulle FT Vangou
STREET ADORESS		4.3 STREET ADDRESS		
CHY - ST- ZIP		4.4 CITY - ST - ZIP		
TATE	DELETE	5.1 TITLE	·	Change Addition
NAME		5.2 NAME		•
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST- ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STHEET ADDRESS		6.3 STREET ADDRESS		
C(1Y- S1 - 2IP		6.4 CITY-ST-ZIP		
14 Ldo hareby cortify that the referention e	usualised with this filing door not quality	ly for the evention state	nd in Continu 110 07/3Vi) Florida Cta	tidan I further earlifu that the

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