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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000048636 (1)

R.C. WAHL & COMPANY, INC.

Principal Place of Business Mailing Address 100 W. LIVINGSTON ST. 100 W. LIVINGSTON ST. ORLANDO FL 32801 ORLANDO FL 32801-1523 3a. Date of Last Report 3. Date Incorporated or Qualified 06/22/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3322257 26 21 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Žiρ Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WAHL RICHARD C 100 W. LIVINGSTON ST. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TOTAL want, Richard C. 616 N. Thornton tre. WAHL, RICHARD C. 1.2 NAME NAME 622 N. THORTON AVE., #B STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32801 1.4 CITY-ST-ZIP Orlando, EL 32803 C-TY-ST-ZIP DELETE Change Addition 2.1 TITLE THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - \$1 - ZIF DELETE Change Addition THILE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY - ST ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 7ITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- 7/P CITY - SI - ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition THILE 61 TITLE NAME 6.2 NAME STREET ADDRESS 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 Aport 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 en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 1

CITY - ST - ZIP

96/6)

FILED

Feb 07 1997 8:00am

Secretary of State